

THIS REPORT IS REQUIRED BY LAW (42 USC 1395g; 42 CFR 413.20(b)).
FAILURE TO REPORT CAN RESULT IN ALL INTERIM PAYMENTS MADE SINCE
THE BEGINNING OF THE COST REPORT PERIOD BEING DEEMED OVERPAYMENTS
(42 USC 1395g).
FORM APPROVED
OMB NO. 0938-0050

WORKSHEET S
PARTS I & II

HOSPITAL AND HOSPITAL HEALTH	I	PROVIDER NO:	I	PERIOD	I	INTERMEDIARY USE ONLY	I	DATE RECEIVED:
CARE COMPLEX	I	15-0029	I	FROM 7/ 1/2007	I	--AUDITED --DESK REVIEW	I	/ /
COST REPORT CERTIFICATION	I		I	TO 6/30/2008	I	--INITIAL --REOPENED	I	INTERMEDIARY NO:
AND SETTLEMENT SUMMARY	I		I		I	--FINAL 1-MCR CODE	I	
					I	00 - # OF REOPENINGS	I	

ELECTRONICALLY FILED COST REPORT DATE: 11/24/2008 TIME 18:03

PART I - CERTIFICATION

MISREPRESENTATION OR FALSIFICATION OF ANY INFORMATION CONTAINED IN THIS COST REPORT MAY BE PUNISHABLE BY CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINE AND/OR IMPRISONMENT UNDER FEDERAL LAW. FURTHERMORE, IF SERVICES IDENTIFIED BY THIS REPORT WERE PROVIDED OR PROCURED THROUGH THE PAYMENT DIRECTLY OR INDIRECTLY OF A KICKBACK OR WHERE OTHERWISE ILLEGAL, CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINES AND/OR IMPRISONMENT MAY RESULT.

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY THAT I HAVE READ THE ABOVE STATEMENT AND THAT I HAVE EXAMINED THE ACCOMPANYING ELECTRONICALLY FILED OR MANUALLY SUBMITTED COST REPORT AND THE BALANCE SHEET AND STATEMENT OF REVENUE AND EXPENSES PREPARED BY:

SAINT JOSEPH COMMUNITY HOSPITAL-MISH 15-0029

FOR THE COST REPORTING PERIOD BEGINNING 7/ 1/2007 AND ENDING 6/30/2008 AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT, AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES, AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

OFFICER OR ADMINISTRATOR OF PROVIDER(S)

TITLE

DATE

PART II - SETTLEMENT SUMMARY

TITLE V		TITLE XVIII		TITLE XIX	
	1	A 2	B 3		4
1	HOSPITAL	0	282,137	111,369	0
5	HOSPITAL-BASED SNF	0	10,743	0	0
100	TOTAL	0	292,880	111,369	0

THE ABOVE AMOUNTS REPRESENT "DUE TO" OR "DUE FROM" THE APPLICABLE PROGRAM FOR THE ELEMENT OF THE ABOVE COMPLEX INDICATED

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0050. The time required to complete this information collection is estimated 662 hours per response, including the time to review instructions, search existing resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: Centers for Medicare & Medicaid Services, 7500 Security Boulevard, N2-14-26, Baltimore, MD 21244-1850, and to the Office of the Information and Regulatory Affairs, Office of Management and Budget, Washington, D.C. 20503.

Health Financial Systems MCRIF32 FOR SAINT JOSEPH COMMUNITY HOSPITAL-MISH IN LIEU OF FORM CMS-2552-96 (05/2008)
I PROVIDER NO: I PERIOD: I PREPARED 11/24/2008
HOSPITAL & HOSPITAL HEALTH CARE COMPLEX I 15-0029 I FROM 7/ 1/2007 I WORKSHEET S-2
IDENTIFICATION DATA I TO 6/30/2008 I

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS

1 STREET: 215 W. 4TH STREET P.O. BOX:
1.01 CITY: MIASHAWAKA STATE: IN ZIP CODE: 46544- COUNTY: SAINT JOSEPH
HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION;

COMPONENT	COMPONENT NAME	PROVIDER NO.	NPI NUMBER	DATE CERTIFIED	PAYMENT SYSTEM (P,T,O OR N)
0	1	2	2.01	3	V XVIII XIX
02.00 HOSPITAL	SAINT JOSEPH COMMUNITY HOSPITAL-MISH	15-0029		7/ 1/1996	N P N
06.00 HOSPITAL-BASED SNF	SAINT JOSEPH TRANSITIONAL CARE UNIT	15-5460		6/19/1992	N P N
17	COST REPORTING PERIOD (MM/DD/YYYY)	FROM: 7/ 1/2007	TO: 6/30/2008		
18	TYPE OF CONTROL			1 2	
	TYPE OF HOSPITAL/SUBPROVIDER			1	
19	HOSPITAL			1	
20	SUBPROVIDER			5	
	OTHER INFORMATION				
21	INDICATE IF YOUR HOSPITAL IS EITHER (1)URBAN OR (2)RURAL AT THE END OF THE COST REPORT PERIOD IN COLUMN 1. IF YOUR HOSPITAL IS GEOGRAPHICALLY CLASSIFIED OR LOCATED IN A RURAL AREA, IS YOUR BED SIZE IN ACCORDANCE WITH CFR 42 412.105 LESS THAN OR EQUAL TO 100 BEDS, ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO.				
21.01	DOES YOUR FACILITY QUALIFY AND IS CURRENTLY RECEIVING PAYMENT FOR DISPROPORTIONATE SHARE HOSPITAL ADJUSTMENT IN ACCORDANCE WITH 42 CFR 412.106? Y				
21.02	HAS YOUR FACILITY RECEIVED A NEW GEOGRAPHIC RECLASSIFICATION STATUS CHANGE AFTER THE FIRST DAY OF THE COST REPORTING PERIOD FROM RURAL TO URBAN AND VICE VERSA? ENTER "Y" FOR YES AND "N" FOR NO. IF YES, ENTER IN COLUMN 2 THE EFFECTIVE DATE (MM/DD/YYYY) (SEE INSTRUCTIONS).				
21.03	ENTER IN COLUMN 1 YOUR GEOGRAPHIC LOCATION EITHER (1)URBAN OR (2)RURAL. IF YOU ANSWERED URBAN IN COLUMN 1 INDICATE IF YOU RECEIVED EITHER A WAGE OR STANDARD GEOGRAPHICAL RECLASSIFICATION TO A RURAL LOCATION, ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. IF COLUMN 2 IS YES, ENTER IN COLUMN 3 THE EFFECTIVE DATE (MM/DD/YYYY) (SEE INSTRUCTIONS) DOES YOUR FACILITY CONTAIN 100 OR FEWER BEDS IN ACCORDANCE WITH 42 CFR 412.105? ENTER IN COLUMN 4 "Y" OR "N". ENTER IN COLUMN 5 THE PROVIDERS ACTUAL MSA OR CBSA. 1 N Y 43780				
21.04	FOR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE BEGINNING OF THE COST REPORTING PERIOD. ENTER (1)URBAN OR (2)RURAL 1				
21.05	FOR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE END OF THE COST REPORTING PERIOD. ENTER (1)URBAN OR (2)RURAL 1				
21.06	DOES THIS HOSPITAL QUALIFY FOR THE 3-YEAR TRANSITION OF HOLD HARMLESS PAYMENTS FOR SMALL RURAL HOSPITAL UNDER THE PROSPECTIVE PAYMENT SYSTEM FOR HOSPITAL OUTPATIENT SERVICES UNDER DRA SECTION 5105? ENTER "Y" FOR YES, AND "N" FOR NO. N				
22	ARE YOU CLASSIFIED AS A REFERRAL CENTER? N				
23	DOES THIS FACILITY OPERATE A TRANSPLANT CENTER? IF YES, ENTER CERTIFICATION DATE(S) BELOW. N				
23.01	IF THIS IS A MEDICARE CERTIFIED KIDNEY TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3. / / / /				
23.02	IF THIS IS A MEDICARE CERTIFIED HEART TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3. / / / /				
23.03	IF THIS IS A MEDICARE CERTIFIED LIVER TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3. / / / /				
23.04	IF THIS IS A MEDICARE CERTIFIED LUNG TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3. / / / /				
23.05	IF MEDICARE PANCREAS TRANSPLANTS ARE PERFORMED SEE INSTRUCTIONS FOR ENTERING CERTIFICATION AND TERMINATION DATE. / / / /				
23.06	IF THIS IS A MEDICARE CERTIFIED INTESTINAL TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3. / / / /				
23.07	IF THIS IS A MEDICARE CERTIFIED ISLET TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3. / / / /				
24	IF THIS IS AN ORGAN PROCUREMENT ORGANIZATION (OPO), ENTER THE OPO NUMBER IN COLUMN 2 AND TERMINATION IN COL. 3. / /				
24.01	IF THIS IS A MEDICARE TRANSPLANT CENTER; ENTER THE CCN (PROVIDER NUMBER) IN COLUMN 2, THE CERTIFICATION DATE OR RECERTIFICATION DATE (AFTER DECEMBER 26, 2007) IN COLUMN 3. / /				
25	IS THIS A TEACHING HOSPITAL OR AFFILIATED WITH A TEACHING HOSPITAL AND YOU ARE RECEIVING PAYMENTS FOR I&R? Y				
25.01	IS THIS TEACHING PROGRAM APPROVED IN ACCORDANCE WITH CMS PUB. 15-I, CHAPTER 4? Y				
25.02	IF LINE 25.01 IS YES, WAS MEDICARE PARTICIPATION AND APPROVED TEACHING PROGRAM STATUS IN EFFECT DURING THE FIRST MONTH OF THE COST REPORTING PERIOD? IF YES, COMPLETE WORKSHEET E-3, PART IV. IF NO, COMPLETE WORKSHEET D-2, PART II. Y				
25.03	AS A TEACHING HOSPITAL, DID YOU ELECT COST REIMBURSEMENT FOR PHYSICIANS' SERVICES AS DEFINED IN CMS PUB. 15-I, SECTION 2148? IF YES, COMPLETE WORKSHEET D-9. N				
25.04	ARE YOU CLAIMING COSTS ON LINE 70 OF WORKSHEET A? IF YES, COMPLETE WORKSHEET D-2, PART I. N				
25.05	HAS YOUR FACILITY DIRECT GME FTE CAP (COLUMN 1) OR IME FTE CAP (COLUMN 2) BEEN REDUCED UNDER 42 CFR 413.79(c)(3) OR 42 CFR 412.105(f)(1)(iv)(B)? ENTER "Y" FOR YES AND "N" FOR NO IN THE APPLICABLE COLUMNS. (SEE INSTRUCTIONS) Y Y				

Health Financial Systems	MCRIF32	FOR SAINT JOSEPH COMMUNITY HOSPITAL-MISH	IN LIEU OF FORM CMS-2552-96 (05/2008) CONTD
HOSPITAL & HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		I PROVIDER NO: I PERIOD: I PREPARED 11/24/2008	
		I 15-0029 I FROM 7/ 1/2007 I WORKSHEET S-2	
		I TO 6/30/2008 I	

25.06	HAS YOUR FACILITY RECEIVED ADDITIONAL DIRECT GME FTE RESIDENT CAP SLOTS OR IME FTE RESIDENTS CAP SLOTS UNDER 42 CFR 413.79(c)(4) OR 42 CFR 412.105(f)(1)(iv)(C)? ENTER "Y" FOR YES AND "N" FOR NO IN THE APPLICABLE COLUMNS (SEE INSTRUCTIONS)	N	N		
26	IF THIS IS A SOLE COMMUNITY HOSPITAL (SCH), ENTER THE NUMBER OF PERIODS SCH STATUS IN EFFECT IN THE C/R PERIOD. ENTER BEGINNING AND ENDING DATES OF SCH STATUS ON LINE 26.01. SUBSCRIPT LINE 26.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.				
26.01	ENTER THE APPLICABLE SCH DATES: BEGINNING: / / ENDING: / /				
26.02	ENTER THE APPLICABLE SCH DATES: BEGINNING: / / ENDING: / /				
27	DOES THIS HOSPITAL HAVE AN AGREEMENT UNDER EITHER SECTION 1883 OR SECTION 1913 FOR SWING BEDS. IF YES, ENTER THE AGREEMENT DATE (MM/DD/YYYY) IN COLUMN 2.	N	/	/	
28	IF THIS FACILITY CONTAINS A HOSPITAL-BASED SNF, ARE ALL PATIENTS UNDER MANAGED CARE OR THERE WERE NO MEDICARE UTILIZATION ENTER "Y", IF "N" COMPLETE LINES 28.01 AND 28.02	N			
28.01	IF HOSPITAL BASED SNF, ENTER APPROPRIATE TRANSITION PERIOD 1, 2, 3, OR 100 IN COLUMN 1. ENTER IN COLUMNS 2 AND 3 THE WAGE INDEX ADJUSTMENT FACTOR BEFORE AND ON OR AFTER THE OCTOBER 1ST (SEE INSTRUCTIONS)		1	2	3
			100	0.9788	0.9842
28.02	ENTER IN COLUMN 1 THE HOSPITAL BASED SNF FACILITY SPECIFIC RATE(FROM YOUR FISCAL INTERMEDIARY) IF YOU HAVE NOT TRANSITIONED TO 100% PPS SNF PPS PAYMENT. IN COLUMN 2 ENTER THE FACILITY CLASSIFICATION URBAN(1) OR RURAL (2). IN COLUMN 3 ENTER THE SNF MSA CODE OR TWO CHARACTER STATE CODE IF A RURAL BASED FACILITY. IN COLUMN 4, ENTER THE SNF CBSA CODE OR TWO CHARACTER CODE IF RURAL BASED FACILITY		0.00	1	7800
	A NOTICE PUBLISHED IN THE "FEDERAL REGISTER" VOL. 68, NO. 149 AUGUST 4, 2003 PROVIDED FOR AN INCREASE IN THE RUG PAYMENTS BEGINNING 10/01/2003. CONGRESS EXPECTED THIS INCREASE TO BE USED FOR DIRECT PATIENT CARE AND RELATED EXPENSES. ENTER IN COLUMN 1 THE PERCENTAGE OF TOTAL EXPENSES FOR EACH CATEGORY TO TOTAL SNF REVENUE FROM WORKSHEET G-2, PART I, LINE 6, COLUMN 3. INDICATE IN COLUMN 2 "Y" FOR YES OR "N" FOR NO IF THE SPENDING REFLECTS INCREASES ASSOCIATED WITH DIRECT PATIENT CARE AND RELATED EXPENSES FOR EACH CATEGORY. (SEE INSTR)				43780
28.03	STAFFING		%	Y/N	
28.04	RECRUITMENT		20.00%	N	
28.05	RETENTION		0.00%		
28.06	TRAINING		0.00%		
28.07			0.00%		
28.08			0.00%		
28.09			0.00%		
28.10			0.00%		
28.11			0.00%		
28.12			0.00%		
28.13			0.00%		
28.14			0.00%		
28.15			0.00%		
28.16			0.00%		
28.17			0.00%		
28.18			0.00%		
28.19			0.00%		
28.20			0.00%		
29	IS THIS A RURAL HOSPITAL WITH A CERTIFIED SNF WHICH HAS FEWER THAN 50 BEDS IN THE AGGREGATE FOR BOTH COMPONENTS, USING THE SWING BED OPTIONAL METHOD OF REIMBURSEMENT?	N			
30	DOES THIS HOSPITAL QUALIFY AS A RURAL PRIMARY CARE HOSPITAL (RPCH)/CRITICAL ACCESS HOSPITAL(CAH)? (SEE 42 CFR 485.606ff)	N			
30.01	IF SO, IS THIS THE INITIAL 12 MONTH PERIOD FOR THE FACILITY OPERATED AS AN RPCH/CAH? SEE 42 CFR 413.70				
30.02	IF THIS FACILITY QUALIFIES AS AN RPCH/CAH, HAS IT ELECTED THE ALL-INCLUSIVE METHOD OF PAYMENT FOR OUTPATIENT SERVICES? (SEE INSTRUCTIONS)	N			
30.03	IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIBILE FOR COST REIMBURSEMENT FOR AMBULANCE SERVICES? IF YES, ENTER IN COLUMN 2 THE DATE OF ELIGIBILITY DETERMINATION (DATE MUST BE ON OR AFTER 12/21/2000).	N			
30.04	IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIBILE FOR COST REIMBURSEMENT FOR I&R TRAINING PROGRAMS? ENTER "Y" FOR YES AND "N" FOR NO. IF YES, THE GME ELIMINATION WOULD NOT BE ON WORKSHEET B, PART I, COLUMN 26 AND THE PROGRAM WOULD BE COST REIMBURSED. IF YES COMPLETE WORKSHEET D-2, PART II	N			
31	IS THIS A RURAL HOSPITAL QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).	N			
31.01	IS THIS A RURAL SUBPROVIDER 1 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).	N			
31.02	IS THIS A RURAL SUBPROVIDER 2 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).	N			
31.03	IS THIS A RURAL SUBPROVIDER 3 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).	N			
31.04	IS THIS A RURAL SUBPROVIDER 4 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).	N			
31.05	IS THIS A RURAL SUBPROVIDER 5 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).	N			
MISCELLANEOUS COST REPORT INFORMATION					
32	IS THIS AN ALL-INCLUSIVE PROVIDER? IF YES, ENTER THE METHOD USED (A, B, OR E ONLY) COL 2.	N			
33	IS THIS A NEW HOSPITAL UNDER 42 CFR 412.300 PPS CAPITAL? ENTER "Y" FOR YES AND "N" FOR NO IN COLUMN 1. IF YES, FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2002, DO YOU ELECT TO BE REIMBURSED AT 100% FEDERAL CAPITAL PAYMENT? ENTER "Y" FOR YES AND "N" FOR NO IN COLUMN 2	N			
34	IS THIS A NEW HOSPITAL UNDER 42 CFR 413.40 (f)(1)(i) TEFRA?	N			
35	HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?	N			
35.01	HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?	N			
35.02	HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?				
35.03	HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?				
35.04	HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?				
PROSPECTIVE PAYMENT SYSTEM (PPS)-CAPITAL					
36	DO YOU ELECT FULLY PROSPECTIVE PAYMENT METHODOLOGY FOR CAPITAL COSTS? (SEE INSTRUCTIONS)	N	Y	N	
36.01	DOES YOUR FACILITY QUALIFY AND RECEIVE PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE				

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HOSPITAL & HOSPITAL HEALTH CARE COMPLEX I PROVIDER NO: I PERIOD: I PREPARED 11/24/2008
IDENTIFICATION DATA I 15-0029 I FROM 7/ 1/2007 I WORKSHEET S-2
I TO 6/30/2008 I

WITH 42 CFR 412.320? (SEE INSTRUCTIONS) N N N
37 DO YOU ELECT HOLD HARMLESS PAYMENT METHODOLOGY FOR CAPITAL COSTS? (SEE INSTRUCTIONS) N N N
37.01 IF YOU ARE A HOLD HARMLESS PROVIDER, ARE YOU FILING ON THE BASIS OF 100% OF THE FED RATE? N N N
TITLE XIX INPATIENT SERVICES
38 DO YOU HAVE TITLE XIX INPATIENT HOSPITAL SERVICES? Y
38.01 IS THIS HOSPITAL REIMBURSED FOR TITLE XIX THROUGH THE COST REPORT EITHER IN FULL OR IN PART? Y
38.02 DOES THE TITLE XIX PROGRAM REDUCE CAPITAL FOLLOWING THE MEDICARE METHODOLOGY? N
38.03 ARE TITLE XIX NF PATIENTS OCCUPYING TITLE XVIII SNF BEDS (DUAL CERTIFICATION)? N
38.04 DO YOU OPERATE AN ICF/MR FACILITY FOR PURPOSES OF TITLE XIX? N
40 ARE THERE ANY RELATED ORGANIZATION OR HOME OFFICE COSTS AS DEFINED IN CMS PUB 15-I, CHAP 10?
IF YES, AND THERE ARE HOME OFFICE COSTS, ENTER IN COL 2 THE HOME OFFICE PROVIDER NUMBER.
IF THIS FACILITY IS PART OF A CHAIN ORGANIZATION ENTER THE NAME AND ADDRESS OF THE HOME OFFICE Y 15H034
40.01 NAME: NATIONAL GOV'T SERVICE FI/CONTRACTOR NAME 00130 FI/CONTRACTOR #
40.02 STREET: 8115 KNUKE ROAD P.O. BOX:
40.03 CITY: INDIANAPOLIS STATE: IN ZIP CODE: 46250-
41 ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A? Y
42 ARE PHYSICAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
42.01 ARE OCCUPATIONAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
42.02 ARE SPEECH PATHOLOGY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
43 ARE RESPIRATORY THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
44 IF YOU ARE CLAIMING COST FOR RENAL SERVICES ON WORKSHEET A, ARE THEY INPATIENT SERVICES ONLY? N
45 HAVE YOU CHANGED YOUR COST ALLOCATION METHODOLOGY FROM THE PREVIOUSLY FILED COST REPORT? N 00/00/0000
SEE CMS PUB. 15-II, SECTION 3617. IF YES, ENTER THE APPROVAL DATE IN COLUMN 2.
45.01 WAS THERE A CHANGE IN THE STATISTICAL BASIS?
45.02 WAS THERE A CHANGE IN THE ORDER OF ALLOCATION?
45.03 WAS THE CHANGE TO THE SIMPLIFIED COST FINDING METHOD?
46 IF YOU ARE PARTICIPATING IN THE NHCMQ DEMONSTRATION PROJECT (MUST HAVE A HOSPITAL-BASED SNF)
DURING THIS COST REPORTING PERIOD, ENTER THE PHASE (SEE INSTRUCTIONS).
IF THIS FACILITY CONTAINS A PROVIDER THAT QUALIFIES FOR AN EXEMPTION FROM THE APPLICATION OF THE LOWER OF COSTS OR
CHARGES, ENTER "Y" FOR EACH COMPONENT AND TYPE OF SERVICE THAT QUALIFIES FOR THE EXEMPTION. ENTER "N" IF NOT EXEMPT.
(SEE 42 CFR 413.13.)
PART A PART B OUTPATIENT ASC OUTPATIENT RADIOLOGY OUTPATIENT DIAGNOSTIC
1 2 3 4 5
47.00 HOSPITAL N N N N N
49.00 SNF N N
52 DOES THIS HOSPITAL CLAIM EXPENDITURES FOR EXTRAORDINARY CIRCUMSTANCES IN ACCORDANCE WITH
42 CFR 412.348(e)? (SEE INSTRUCTIONS) Y
52.01 IF YOU ARE A FULLY PROSPECTIVE OR HOLD HARMLESS PROVIDER ARE YOU ELIGIBLE FOR THE SPECIAL
EXCEPTIONS PAYMENT PURSUANT TO 42 CFR 412.348(g)? IF YES, COMPLETE WORKSHEET L, PART IV N
53 IF YOU ARE A MEDICARE DEPENDENT HOSPITAL (MDH), ENTER THE NUMBER OF PERIODS MDH STATUS IN
EFFECT. ENTER BEGINNING AND ENDING DATES OF MDH STATUS ON LINE 53.01. SUBSCRIPT LINE
53.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES. 0
53.01 MDH PERIOD: BEGINNING: / / ENDING: / /
54 LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES:
PREMIUMS: 0
PAID LOSSES: 0
AND/OR SELF INSURANCE: 0
54.01 ARE MALPRACTICE PREMIUMS AND PAID LOSSES REPORTED IN OTHER THAN THE ADMINISTRATIVE AND
GENERAL COST CENTER? IF YES, SUBMIT SUPPORTING SCHEDULE LISTING COST CENTERS AND AMOUNTS
CONTAINED THEREIN. N
55 DOES YOUR FACILITY QUALIFY FOR ADDITIONAL PROSPECTIVE PAYMENT IN ACCORDANCE WITH
42 CFR 412.107. ENTER "Y" FOR YES AND "N" FOR NO. N
56 ARE YOU CLAIMING AMBULANCE COSTS? IF YES, ENTER IN COLUMN 2 THE PAYMENT LIMIT
PROVIDED FROM YOUR FISCAL INTERMEDIARY AND THE APPLICABLE DATES FOR THOSE LIMITS DATE Y OR N LIMIT Y OR N FEES
IN COLUMN 0. IF THIS IS THE FIRST YEAR OF OPERATION NO ENTRY IS REQUIRED IN COLUMN 0 1 2 3 4
2. IF COLUMN 1 IS Y, ENTER Y OR N IN COLUMN 3 WHETHER THIS IS YOUR FIRST YEAR OF
OPERATIONS FOR RENDERING AMBULANCE SERVICES. ENTER IN COLUMN 4, IF APPLICABLE, N 0.00 N 0
THE FEE SCHEDULES AMOUNTS FOR THE PERIOD BEGINNING ON OR AFTER 4/1/2002.
56.01 ENTER SUBSEQUENT AMBULANCE PAYMENT LIMIT AS REQUIRED. SUBSCRIPT IF MORE THAN 2 0.00 0
LIMITS APPLY. ENTER IN COLUMN 4 THE FEE SCHEDULES AMOUNTS FOR INITIAL OR
SUBSEQUENT PERIOD AS APPLICABLE.
56.02 THIRD AMBULANCE LIMIT AND FEE SCHEDULE IF NECESSARY. 0.00 0
56.03 FOURTH AMBULANCE LIMIT AND FEE SCHEDULE IF NECESSARY. 0.00 0
57 ARE YOU CLAIMING NURSING AND ALLIED HEALTH COSTS? N
58 ARE YOU AN INPATIENT REHABILITATION FACILITY(IRF), OR DO YOU CONTAIN AN IRF SUBPROVIDER?
ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100%
FEDERAL PPS REIMBURSEMENT? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. THIS OPTION IS
ONLY AVAILABLE FOR COST REPORTING PERIODS BEGINNING ON OR AFTER 1/1/2002 AND BEFORE
10/1/2002. N
58.01 IF LINE 58 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST
REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER "Y" FOR YES OR "N" FOR NO. IS
THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR SEC.
412.424(d)(1)(iii)(2)? ENTER IN COLUMN 2 "Y"FOR YES OR "N" FOR NO. IF COLUMN 2 IS Y, ENTER
1, 2 OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS). IF THE CURRENT COST REPORTING PERIOD
COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS
OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTR).
59 ARE YOU A LONG TERM CARE HOSPITAL (LTCH)? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO.
IF YES, HAVE YOU MADE THE ELECTION FOR 100% FEDERAL PPS REIMBURSEMENT? ENTER IN COLUMN 2
"Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS) N
60 ARE YOU AN INPATIENT PSYCHIATRIC FACILITY (IPF), OR DO YOU CONTAIN AN IPF SUBPROVIDER?
ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES, IS THE IPF OR IPF SUBPROVIDER A NEW
FACILITY? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS) N

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 HOSPITAL & HOSPITAL HEALTH CARE COMPLEX I 15-0029 I FROM 7/ 1/2007 I WORKSHEET S-2
 IDENTIFICATION DATA I I TO 6/30/2008 I

60.01 IF LINE 60 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER "Y" FOR YES OR "N" FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR SEC. 412.424(d)(1)(iii)(2)? ENTER IN COLUMN 2 "Y"FOR YES OR "N" FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2 OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTR). 0

MULTICAMPUS

61.00 DOES THE HOSPITAL HAVE A MULTICAMPUS? ENTER "Y" FOR YES AND "N" FOR NO. N

IF LINE 61 IS YES, ENTER THE NAME IN COL. 0, COUNTY IN COL1. 1, STATE IN COL.2, ZIP IN COL 3, CBSA IN COL. 4 AND FTE/CAMPUS IN COL. 5.

NAME	COUNTY	STATE	ZIP CODE	CBSA	FTE/CAMPUS
62.00					0.00
62.01					0.00
62.02					0.00
62.03					0.00
62.04					0.00
62.05					0.00
62.06					0.00
62.07					0.00
62.08					0.00
62.09					0.00

COMPONENT	NO. OF BEDS 1	BED DAYS AVAILABLE 2	CAH N/A 2.01	----- I/P DAYS / O/P VISITS / TRIPS -----			
				TITLE V 3	TITLE XVIII 4	NOT LTCH N/A 4.01	TOTAL TITLE XIX 5
1 ADULTS & PEDIATRICS	40	14,640			4,298		1,430
2 HMO					927		
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS	40	14,640			4,298		1,430
6 INTENSIVE CARE UNIT	12	4,392			795		157
7 CORONARY CARE UNIT							
8 BURN INTENSIVE CARE UNIT							
9 SURGICAL INTENSIVE CARE UNIT							
11 NURSERY							912
12 TOTAL	52	19,032			5,093		2,499
13 RPCH VISITS							
14 SUBPROVIDER							
15 SKILLED NURSING FACILITY	20	7,320			5,069		
16 NURSING FACILITY							
16 01 ICF/MR							
17 OTHER LONG TERM CARE							
18 HOME HEALTH AGENCY							
20 AMBULATORY SURGICAL CENTER (
21 HOSPICE							
23 CORF							
25 TOTAL	72						
26 OBSERVATION BED DAYS							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							

COMPONENT	----- I/P DAYS /		O/P VISITS TOTAL ALL PATS 6	/ TRIPS -----		-- INTERNS & RES. FTES --	
	TITLE XIX ADMITTED 5.01	OBSERVATION BEDS NOT ADMITTED 5.02		TOTAL OBSERVATION BEDS ADMITTED 6.01	OBSERVATION BEDS NOT ADMITTED 6.02	TOTAL 7	LESS I&R REPL NON-PHYS ANES 8
1 ADULTS & PEDIATRICS			7,202				
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS			7,202				
6 INTENSIVE CARE UNIT			2,773				
7 CORONARY CARE UNIT							
8 BURN INTENSIVE CARE UNIT							
9 SURGICAL INTENSIVE CARE UNIT							
11 NURSERY			1,002				
12 TOTAL			10,977			5.27	
13 RPCH VISITS							
14 SUBPROVIDER							
15 SKILLED NURSING FACILITY			6,249				
16 NURSING FACILITY							
16 01 ICF/MR							
17 OTHER LONG TERM CARE							
18 HOME HEALTH AGENCY							
20 AMBULATORY SURGICAL CENTER (
21 HOSPICE							
23 CORF							
25 TOTAL						5.27	
26 OBSERVATION BED DAYS							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							

COMPONENT	I & R FTES		--- FULL TIME EQUIV ---		DISCHARGES		TOTAL ALL PATIENTS
	NET 9	EMPLOYEES ON PAYROLL 10	NONPAID WORKERS 11	TITLE V 12	TITLE XVIII 13	TITLE XIX 14	
1 ADULTS & PEDIATRICS					1,132	656	2,662
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS							
6 INTENSIVE CARE UNIT							
7 CORONARY CARE UNIT							
8 BURN INTENSIVE CARE UNIT							
9 SURGICAL INTENSIVE CARE UNIT							
11 NURSERY							
12 TOTAL	5.27	339.00			1,132	656	2,662
13 RPCH VISITS							
14 SUBPROVIDER							
15 SKILLED NURSING FACILITY		22.00					
16 NURSING FACILITY							

Health Financial Systems MCRIF32 FOR SAINT JOSEPH COMMUNITY HOSPITAL-MISH IN LIEU OF FORM CMS-2552-96 (04/2005) CONTD
HOSPITAL AND HOSPITAL HEALTH CARE I PROVIDER NO: I PERIOD: I PREPARED 11/24/2008
COMPLEX STATISTICAL DATA I 15-0029 I FROM 7/ 1/2007 I WORKSHEET S-3
I TO 6/30/2008 I PART I

		I & R FTES	--- FULL TIME EQUIV ---	DISCHARGES		TOTAL ALL	
COMPONENT		NET	EMPLOYEES ON PAYROLL	NONPAID WORKERS	TITLE V	TITLE XVIII	TITLE XIX
		9	10	11	12	13	14
16	01 ICF/MR						15
17	OTHER LONG TERM CARE						
18	HOME HEALTH AGENCY						
20	AMBULATORY SURGICAL CENTER (
21	HOSPICE						
23	CORF						
25	TOTAL	5.27	361.00				
26	OBSERVATION BED DAYS						
27	AMBULANCE TRIPS						
28	EMPLOYEE DISCOUNT DAYS						
28	01 EMP DISCOUNT DAYS -IRF						

HOSPITAL WAGE INDEX INFORMATION		AMOUNT REPORTED	RECLASS OF SALARIES	ADJUSTED SALARIES	PAID HOURS RELATED TO SALARY	AVERAGE HOURLY WAGE	DATA SOURCE
PART II - WAGE DATA		1	2	3	4	5	6
1	SALARIES						
2	TOTAL SALARY	19,150,392		19,150,392	795,823.00	24.06	
3	NON-PHYSICIAN ANESTHETIST PART A						
4	NON-PHYSICIAN ANESTHETIST PART B						
4.01	PHYSICIAN - PART A						
5	TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
5.01	PHYSICIAN - PART B						
6	NON-PHYSICIAN - PART B						
6.01	INTERNS & RESIDENTS (APPRVD)	315,800		315,800	10,958.00	28.82	
7	CONTRACT SERVICES, I&R						
8	HOME OFFICE PERSONNEL						
8.01	SNF	909,383		909,383	46,402.00	19.60	
	EXCLUDED AREA SALARIES	524,170		524,170	36,141.00	14.50	
9	OTHER WAGES & RELATED COSTS						
9.01	CONTRACT LABOR:	35,283		35,283	694.00	50.84	
9.02	PHARMACY SERVICES UNDER CONTRACT						
9.03	LABORATORY SERVICES UNDER CONTRACT						
10	MANAGEMENT & ADMINISTRATIVE UNDER CONTRACT						
10.01	CONTRACT LABOR: PHYS PART A						
11	TEACHING PHYSICIAN UNDER CONTRACT (SEE INSTRUCTIONS)						
11	HOME OFFICE SALARIES & WAGE RELATED COSTS	5,971,530		5,971,530	116,728.00	51.16	
12	HOME OFFICE: PHYS PART A						
12.01	TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
13	WAGE RELATED COSTS						
14	WAGE-RELATED COSTS (CORE)	5,141,038		5,141,038			CMS 339
15	WAGE-RELATED COSTS (OTHER)						CMS 339
16	EXCLUDED AREAS	512,032		512,032			CMS 339
17	NON-PHYS ANESTHETIST PART A						CMS 339
18	NON-PHYS ANESTHETIST PART B	39,317		39,317			CMS 339
18.01	PHYSICIAN PART A	10,437		10,437			CMS 339
19	PART A TEACHING PHYSICIANS						CMS 339
19.01	PHYSICIAN PART B						CMS 339
20	WAGE-RELATD COSTS (RHC/FQHC)						CMS 339
	INTERNS & RESIDENTS (APPRVD)	88,091		88,091			CMS 339
21	OVERHEAD COSTS - DIRECT SALARIES						
22	EMPLOYEE BENEFITS	457,293		457,293	10,267.00	44.54	
22.01	ADMINISTRATIVE & GENERAL	1,480,325		1,480,325	61,777.00	23.96	
23	A & G UNDER CONTRACT						
24	MAINTENANCE & REPAIRS						
25	OPERATION OF PLANT	504,238		504,238	24,124.00	20.90	
26	LAUNDRY & LINEN SERVICE						
26.01	HOUSEKEEPING	479,183		479,183	40,146.00	11.94	
27	HOUSEKEEPING UNDER CONTRACT						
27.01	DIETARY	442,928	-217,925	225,003	14,846.00	15.16	
28	DIETARY UNDER CONTRACT						
29	CAFETERIA		217,925	217,925	14,380.00	15.15	
30	MAINTENANCE OF PERSONNEL						
31	NURSING ADMINISTRATION	416,281		416,281	9,731.00	42.78	
32	CENTRAL SERVICE AND SUPPLY	66,062		66,062	4,416.00	14.96	
33	PHARMACY	540,394		540,394	14,772.00	36.58	
34	MEDICAL RECORDS & MEDICAL RECORDS LIBRARY	549,529		549,529	27,945.00	19.66	
35	SOCIAL SERVICE						
	OTHER GENERAL SERVICE						

PART III - HOSPITAL WAGE INDEX SUMMARY

1	NET SALARIES	18,834,592		18,834,592	784,865.00	24.00	
2	EXCLUDED AREA SALARIES	1,433,553		1,433,553	82,543.00	17.37	
3	SUBTOTAL SALARIES	17,401,039		17,401,039	702,322.00	24.78	
4	SUBTOTAL OTHER WAGES & RELATED COSTS	6,006,813		6,006,813	117,422.00	51.16	
5	SUBTOTAL WAGE-RELATED COSTS	5,151,475		5,151,475		29.60	
6	TOTAL	28,559,327		28,559,327	819,744.00	34.84	
7	NET SALARIES						
8	EXCLUDED AREA SALARIES						
9	SUBTOTAL SALARIES						
10	SUBTOTAL OTHER WAGES & RELATED COSTS						
11	SUBTOTAL WAGE-RELATED COSTS						
12	TOTAL						
13	TOTAL OVERHEAD COSTS	4,936,233		4,936,233	222,404.00	22.19	

	I	PROVIDER NO:	I	PERIOD:	I	PREPARED 11/24/2008
PROSPECTIVE PAYMENT FOR SNF	I	15-0029	I	FROM 7/ 1/2007	I	WORKSHEET S-7
STATISTICAL DATA	I		I	TO 6/30/2008	I	

M3P1		SERVICES PRIOR TO	10/1	SERVICES ON/AFTER	10/1	SRVCS 4/1/01 TO	9/30/01
GROUP (1)	REVENUE CODE	RATE	DAYS	RATE	DAYS	RATE	DAYS
1	2	3	3.01	4	4.01	4.02	4.03
1	RUC		31				
2	RUB		1,302				
3	RUA		812				
3 .01	RUX		28				
3 .02	RUL		1,147				
4	RVC		67				
5	RVB		618				
6	RVA		162				
6 .01	RVX		58				
6 .02	RVL		457				
7	RHC		121				
8	RHB		81				
9	RHA		28				
9 .01	RHX						
9 .02	RHL						
10	RMC						
11	RMB		2				
12	RMA		1				
12 .01	RMX		30				
12 .02	RML		118				
13	RLB						
14	RLA						
14 .01	RLX						
15	SE3						
16	SE2		6				
17	SE1						
18	SSC						
19	SSB						
20	SSA						
21	CC2						
22	CC1						
23	CB2						
24	CB1						
25	CA2						
26	CA1						
27	IB2						
28	IB1						
29	IA2						
30	IA1						
31	BB2						
32	BB1						
33	BA2						
34	BA1						
35	PE2						
36	PE1						
37	PD2						
38	PD1						
39	PC2						
40	PC1						
41	PB2						
42	PB1						
43	PA2						
44	PA1						
45	Default						
46	TOTAL		5,069				

(1) Enter in column 3.01 the days prior to October 1st and in column 4.01 the days on after October 1st. Enter in column 4.03 the days on 4/1/2001 through 9/30/2001. The sum of the days in column 3.01, 4.01, and 4.03 must agree with the days reported on Wkst. S-3, Part I, column 4, line 15. The sum of the days in column 4.06 must agree with the days reported on Wkst S-3, Part I column 4, line 3.

Worksheet S-2 reference data:	
Transition Period	: 100% Federal
Wage Index Factor (before 10/01):	0.9788
Wage Index Factor (after 10/01):	0.9842
SNF Facility Specific Rate	: 0.00
Urban/Rural Designation	: URBAN
SNF MSA Code	: 7800
SNF CBSA Code	: 43780

PROSPECTIVE PAYMENT FOR SNF
STATISTICAL DATA

I PROVIDER NO: I PERIOD: I PREPARED 11/24/2008
I 15-0029 I FROM 7/ 1/2007 I WORKSHEET S-7
I TO 6/30/2008 I

GROUP (1)	M3PI REVENUE CODE	HIGH COST (2) RUGs DAYS	SWING BED SNF DAYS	TOTAL
1	2	4.05	4.06	5
1	RUC			
2	RUB			
3	RUA			
3 .01	RUX			
3 .02	RUL			
4	RVC			
5	RVB			
6	RVA			
6 .01	RVX			
6 .02	RVL			
7	RHC			
8	RHB			
9	RHA			
9 .01	RHX			
9 .02	RHL			
10	RMC			
11	RMB			
12	RMA			
12 .01	RMX			
12 .02	RML			
13	RLB			
14	RLA			
14 .01	RLX			
15	SE3			
16	SE2			
17	SE1			
18	SSC			
19	SSB			
20	SSA			
21	CC2			
22	CC1			
23	CB2			
24	CB1			
25	CA2			
26	CA1			
27	IB2			
28	IB1			
29	IA2			
30	IA1			
31	BB2			
32	BB1			
33	BA2			
34	BA1			
35	PE2			
36	PE1			
37	PD2			
38	PD1			
39	PC2			
40	PC1			
41	PB2			
42	PB1			
43	PA2			
44	PA1			
45	Default			
46	TOTAL			

(2) Enter in column 4.05 those days in either column 3.01 or 4.01 which cover the period of 4/1/2000 through 9/30/2000. These RUGs will be incremented by an additional 20% payment.

(3) Enter in column 4.06 the swing bed days for cost reporting periods beginning on or after 7/1/2002.

Worksheet S-2 reference data:

Transition Period	:	100% Federal
Wage Index Factor (before 10/01):	:	0.9788
Wage Index Factor (after 10/01):	:	0.9842
SNF Facility Specific Rate	:	0.00
Urban/Rural Designation	:	URBAN
SNF MSA Code	:	7800
SNF CBSA Code	:	43780

DESCRIPTION

UNCOMPENSATED CARE INFORMATION		
1	DO YOU HAVE A WRITTEN CHARITY CARE POLICY?	
2	ARE PATIENTS WRITE-OFFS IDENTIFIED AS CHARITY? IF YES ANSWER	
	LINES 2.01 THRU 2.04	
2.01	IS IT AT THE TIME OF ADMISSION?	
2.02	IS IT AT THE TIME OF FIRST BILLING?	
2.03	IS IT AFTER SOME COLLECTION EFFORT HAS BEEN MADE?	
2.04		
3	ARE CHARITY WRITE-OFFS MADE FOR PARTIAL BILLS?	
4	ARE CHARITY DETERMINATIONS BASED UPON ADMINISTRATIVE	
	JUDGMENT WITHOUT FINANCIAL DATA?	
5	ARE CHARITY DETERMINATIONS BASED UPON INCOME DATA ONLY?	
6	ARE CHARITY DETERMINATIONS BASED UPON NET WORTH (ASSETS)	
	DATA?	
7	ARE CHARITY DETERMINATIONS BASED UPON INCOME AND NET	
	WORTH DATA?	
8	DOES YOUR ACCOUNTING SYSTEM SEPARATELY IDENTIFY BAD	
	DEBT AND CHARITY CARE? IF YES ANSWER 8.01	
8.01	DO YOU SEPARATELY ACCOUNT FOR INPATIENT AND OUTPATIENT	
	SERVICES?	
9	IS DISCERNING CHARITY FROM BAD DEBT A HIGH PRIORITY IN	
	YOUR INSTITUTION? IF NO ANSWER 9.01 THRU 9.04	
9.01	IS IT BECAUSE THERE IS NOT ENOUGH STAFF TO DETERMINE	
	ELIGIBILITY?	
9.02	IS IT BECAUSE THERE IS NO FINANCIAL INCENTIVE TO SEPARATE	
	CHARITY FROM BAD DEBT?	
9.03	IS IT BECAUSE THERE IS NO CLEAR DIRECTIVE POLICY ON	
	CHARITY DETERMINATION?	
9.04	IS IT BECAUSE YOUR INSTITUTION DOES NOT DEEM THE	
	DISTINCTION IMPORTANT?	
10	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA,	
	WHAT IS THE MAXIMUM INCOME THAT CAN BE EARNED BY PATIENTS	
	(SINGLE WITHOUT DEPENDENT) AND STILL DETERMINED TO	
	BE A CHARITY WRITE OFF?	
11	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA,	
	IS THE INCOME DIRECTLY TIED TO FEDERAL POVERTY	
	LEVEL? IF YES ANSWER 11.01 THRU 11.04	
11.01	IS THE PERCENTAGE LEVEL USED LESS THAN 100% OF THE FEDERAL	
	POVERTY LEVEL?	
11.02	IS THE PERCENTAGE LEVEL USED BETWEEN 100% AND 150%	
	OF THE FEDERAL POVERTY LEVEL?	
11.03	IS THE PERCENTAGE LEVEL USED BETWEEN 150% AND 200%	
	OF THE FEDERAL POVERTY LEVEL?	
11.04	IS THE PERCENTAGE LEVEL USED GREATER THAN 200% OF	
	THE FEDERAL POVERTY LEVEL?	
12	ARE PARTIAL WRITE-OFFS GIVEN TO HIGHER INCOME	
	PATIENTS ON A GRADUAL SCALE?	
13	IS THERE CHARITY CONSIDERATION GIVEN TO HIGH NET WORTH	
	PATIENTS WHO HAVE CATASTROPHIC OR OTHER EXTRAORDINARY	
	MEDICAL EXPENSES?	
14	IS YOUR HOSPITAL STATE OR LOCAL GOVERNMENT OWNED?	
	IF YES ANSWER LINES 14.01 AND 14.02	
14.01	DO YOU RECEIVE DIRECT FINANCIAL SUPPORT FROM THAT	
	GOVERNMENT ENTITY FOR THE PURPOSE OF PROVIDING	
	COMPENSATED CARE?	
14.02	WHAT PERCENTAGE OF THE AMOUNT ON LINE 14.01 IS FROM	
	GOVERNMENT FUNDING?	
15	DO YOU RECEIVE RESTRICTED GRANTS FOR RENDERING CARE	
	TO CHARITY PATIENTS?	
16	ARE OTHER NON-RESTRICTED GRANTS USED TO SUBSIDIZE	
	CHARITY CARE?	
	UNCOMPENSATED CARE REVENUES	
17	REVENUE FROM UNCOMPENSATED CARE	5,431,000
17.01	GROSS MEDICAID REVENUES	7,462,678
18	REVENUES FROM STATE AND LOCAL INDIGENT CARE PROGRAMS	
19	REVENUE RELATED TO SCHIP (SEE INSTRUCTIONS)	
20	RESTRICTED GRANTS	
21	NON-RESTRICTED GRANTS	
22	TOTAL GROSS UNCOMPENSATED CARE REVENUES	12,893,678
	UNCOMPENSATED CARE COST	
23	TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL	
	INDIGENT CARE PROGRAMS	
24	COST TO CHARGE RATIO (WKST C, PART I, COLUMN 3, LINE 103,	.383879
	DIVIDED BY COLUMN 8, LINE 103)	
25	TOTAL STATE AND LOCAL INDIGENT CARE PROGRAM COST	
	(LINE 23 * LINE 24)	
26	TOTAL SCHIP CHARGES FROM YOUR RECORDS	
27	TOTAL SCHIP COST, (LINE 24 * LINE 26)	
28	TOTAL GROSS MEDICAID CHARGES FROM YOUR RECORDS	7,462,678

Health Financial Systems	MCRIF32	FOR SAINT JOSEPH COMMUNITY HOSPITAL-MISH	IN LIEU OF FORM CMS-2552-96	S-10 (05/2004)
		I PROVIDER NO:	I PERIOD:	I PREPARED 11/24/2008
HOSPITAL UNCOMPENSATED CARE DATA		I 15-0029	I FROM 7/ 1/2007	I WORKSHEET S-10
		I	I TO 6/30/2008	I
		I	I	I

DESCRIPTION

29	TOTAL GROSS MEDICAID COST (LINE 24 * LINE 28)	2,864,765
30	OTHER UNCOMPENSATED CARE CHARGES FROM YOUR RECORDS	5,431,000
31	UNCOMPENSATED CARE COST (LINE 24 * LINE 30)	2,084,847
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL	2,864,765
	(SUM OF LINES 25, 27, AND 29)	

Health Financial Systems MCRIF32 FOR SAINT JOSEPH COMMUNITY HOSPITAL-MISH IN LIEU OF FORM CMS-2552-96(9/1996)
 RECLASSIFICATION AND ADJUSTMENT OF I PROVIDER NO: I PERIOD: I PREPARED 11/24/2008
 TRIAL BALANCE OF EXPENSES I 15-0029 I FROM 7/ 1/2007 I WORKSHEET A
 I I TO 6/30/2008 I

	COST CENTER	COST CENTER DESCRIPTION	SALARIES 1	OTHER 2	TOTAL 3	RECLASS- IFICATIONS 4	RECLASSIFIED TRIAL BALANCE 5
		GENERAL SERVICE COST CNTR					
1	0100	OLD CAP REL COSTS-BLDG & FIXT					
2	0200	OLD CAP REL COSTS-MVBLE EQUIP					
3	0300	NEW CAP REL COSTS-BLDG & FIXT				2,149,309	2,149,309
4	0400	NEW CAP REL COSTS-MVBLE EQUIP				1,086,447	1,086,447
5	0500	EMPLOYEE BENEFITS	457,293	-336,132	121,161		121,161
6.01	1160	COMMUNICATIONS	28,165	4,701	32,866	-1,848	31,018
6.02	0620	DATA PROCESSING					
6.03	0631	PURCHASING, RECEIVING AND STORES					
6.04	0640	ADMITTING	442,823	208,683	651,506	-1,246	650,260
6.05	0650	CASHIERING/ACCOUNTS RECEIVABLE	72,180	25,231	97,411		97,411
6.06	0660	OTHER ADMINISTRATIVE AND GENERAL	937,157	21,170,722	22,107,879	-884,255	21,223,624
7	0700	MAINTENANCE & REPAIRS					
8	0800	OPERATION OF PLANT	504,238	2,156,248	2,660,486	-574,018	2,086,468
9	0900	LAUNDRY & LINEN SERVICE		260,952	260,952		260,952
10	1000	HOUSEKEEPING	479,183	312,027	791,210	-1,749	789,461
11	1100	DIETARY	442,928	690,321	1,133,249	-564,466	568,783
12	1200	CAFETERIA				557,570	557,570
13	1300	MAINTENANCE OF PERSONNEL					
14	1400	NURSING ADMINISTRATION	416,281	102,490	518,771	-104	518,667
15	1500	CENTRAL SERVICES & SUPPLY	66,062	164,511	230,573	-1,320	229,253
16	1600	PHARMACY	540,394	1,070,166	1,610,560	-923,486	687,074
17	1700	MEDICAL RECORDS & LIBRARY	549,529	426,796	976,325	-31,940	944,385
18	1800	SOCIAL SERVICE					
20	2000	NONPHYSICIAN ANESTHETISTS					
21	2100	NURSING SCHOOL					
22	2200	I&R SERVICES-SALARY & FRINGES APPRVD	315,800	134,602	450,402		450,402
23	2300	I&R SERVICES-OTHER PRGM COSTS APPRVD					
24	2400	PARAMED ED PRGM					
		INPAT ROUTINE SRVC CNTRS					
25	2500	ADULTS & PEDIATRICS	2,554,750	1,648,048	4,202,798	-1,189,372	3,013,426
26	2600	INTENSIVE CARE UNIT	1,223,412	588,224	1,811,636	-118,973	1,692,663
27	2700	CORONARY CARE UNIT					
28	2800	BURN INTENSIVE CARE UNIT					
29	2900	SURGICAL INTENSIVE CARE UNIT					
31	3100	SUBPROVIDER					
33	3300	NURSERY				951,384	951,384
34	3400	SKILLED NURSING FACILITY	909,383	539,860	1,449,243	-29,013	1,420,230
35	3500	NURSING FACILITY					
35.01	3510	ICF/MR					
36	3600	OTHER LONG TERM CARE					
		ANCILLARY SRVC COST CNTRS					
37	3700	OPERATING ROOM	2,089,101	6,948,202	9,037,303	-3,171,521	5,865,782
38	3800	RECOVERY ROOM	170,674	53,681	224,355	-340	224,015
39	3900	DELIVERY ROOM & LABOR ROOM				154,766	154,766
40	4000	ANESTHESIOLOGY					
41	4100	RADIOLOGY-DIAGNOSTIC	1,344,672	2,062,313	3,406,985	-831,820	2,575,165
42	4200	RADIOLOGY-THERAPEUTIC					
43	4300	RADIOISOTOPE					
44	4400	LABORATORY	34,735	2,502,973	2,537,708	-91,947	2,445,761
45	4500	PBP CLINICAL LAB SERVICES-PRGM ONLY					
46	4600	WHOLE BLOOD & PACKED RED BLOOD CELLS					
47	4700	BLOOD STORING, PROCESSING & TRANS.					
48	4800	INTRAVENOUS THERAPY					
49	4900	RESPIRATORY THERAPY	379,704	198,171	577,875	-29,542	548,333
50	5000	PHYSICAL THERAPY	836,221	388,715	1,224,936	-104,361	1,120,575
51	5100	OCCUPATIONAL THERAPY	370,360	199,483	569,843	-11,556	558,287
52	5200	SPEECH PATHOLOGY	31,748	13,054	44,802	-3,947	40,855
53	5300	ELECTROCARDIOLOGY				-4,000	-4,000
54	5400	ELECTROENCEPHALOGRAPHY					
54.01	3620	CARDIAC REHAB	218,396	101,689	320,085	-15,841	304,244
55	5500	MEDICAL SUPPLIES CHARGED TO PATIENTS		578,665	578,665	2,907,742	3,486,407
56	5600	DRUGS CHARGED TO PATIENTS				925,429	925,429
57	5700	RENAL DIALYSIS					
58	5800	ASC (NON-DISTINCT PART)					
		OUTPAT SERVICE COST CNTRS					
60	6000	CLINIC	722,880	477,785	1,200,665	-9,332	1,191,333
60.01	6001	HEALTHY FAMILY CLINIC	856,246	556,031	1,412,277	-54,695	1,357,582
60.02	6002	MOBILE MEDICAL UNIT	154,795	149,714	304,509		304,509
60.03	6003	FAMILY PRACTICE CENTER					
60.04	6004	WOUND CARE CLINIC	392,824	1,293,811	1,686,635	-8,325	1,678,310
61	6100	EMERGENCY	1,084,288	3,279,292	4,363,580	-73,630	4,289,950
62	6200	OBSERVATION BEDS (NON-DISTINCT PART)					
		OTHER REIMBURS COST CNTRS					
64	6400	HOME PROGRAM DIALYSIS					
65	6500	AMBULANCE SERVICES					
66	6600	DURABLE MEDICAL EQUIP-RENTED					
67	6700	DURABLE MEDICAL EQUIP-SOLD					
69	6900	CORF					
70	7000	I&R SERVICES-NOT APPRVD PRGM					
71	7100	HOME HEALTH AGENCY					
		SPEC PURPOSE COST CENTERS					
86	8600	OTHER ORGAN ACQUISITION					
88	8800	INTEREST EXPENSE					
89	8900	UTILIZATION REVIEW-SNF					
90	9000	OTHER CAPITAL RELATED COSTS					
92	9200	AMBULATORY SURGICAL CENTER (D.P.)					

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

	COST CENTER	COST CENTER DESCRIPTION	SALARIES	OTHER	TOTAL	RECLASS- IFICATIONS	RECLASSIFIED TRIAL BALANCE
			1	2	3	4	5
		SPEC PURPOSE COST CENTERS					
93	9300	HOSPICE					
95		SUBTOTALS	18,626,222	47,971,029	66,597,251	-0-	66,597,251
		NONREIMBURS COST CENTERS					
96	9600	GIFT, FLOWER, COFFEE SHOP & CANTEEN					
96.01	9601	SCHOOL NURSE PROGRAM	524,170	192,897	717,067		717,067
97	9700	RESEARCH					
98	9800	PHYSICIANS' PRIVATE OFFICES					
99	9900	NONPAID WORKERS					
101		TOTAL	19,150,392	48,163,926	67,314,318	-0-	67,314,318

	COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS 6	NET EXPENSES FOR ALLOC 7
		SPEC PURPOSE COST CENTERS		
93	9300	HOSPICE		
95		SUBTOTALS	-13,080,132	53,517,119
		NONREIMBURS COST CENTERS		
96	9600	GIFT, FLOWER, COFFEE SHOP & CANTEEN		
96.01	9601	SCHOOL NURSE PROGRAM		717,067
97	9700	RESEARCH		
98	9800	PHYSICIANS' PRIVATE OFFICES		
99	9900	NONPAID WORKERS		
101		TOTAL	-13,080,132	54,234,186

Health Financial Systems MCRIF32 FOR SAINT JOSEPH COMMUNITY HOSPITAL-MISH IN LIEU OF FORM CMS-2552-96(9/1996)

I PROVIDER NO:	I PERIOD:	I PREPARED 11/24/2008
I 15-0029	I FROM 7/ 1/2007	I NOT A CMS WORKSHEET
I	I TO 6/30/2008	I

COST CENTERS USED IN COST REPORT

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	GENERAL SERVICE COST		
1	OLD CAP REL COSTS-BLDG & FIXT	0100	
2	OLD CAP REL COSTS-MVBLE EQUIP	0200	
3	NEW CAP REL COSTS-BLDG & FIXT	0300	
4	NEW CAP REL COSTS-MVBLE EQUIP	0400	
5	EMPLOYEE BENEFITS	0500	
6.01	COMMUNICATIONS	1160	COMMUNICATIONS
6.02	DATA PROCESSING	0620	DATA PROCESSING
6.03	PURCHASING, RECEIVING AND STORES	0631	PURCHASING, RECEIVING AND STORES
6.04	ADMITTING	0640	ADMITTING
6.05	CASHIERING/ACCOUNTS RECEIVABLE	0650	CASHIERING/ACCOUNTS RECEIVABLE
6.06	OTHER ADMINISTRATIVE AND GENERAL	0660	OTHER ADMINISTRATIVE AND GENERAL
7	MAINTENANCE & REPAIRS	0700	
8	OPERATION OF PLANT	0800	
9	LAUNDRY & LINEN SERVICE	0900	
10	HOUSEKEEPING	1000	
11	DIETARY	1100	
12	CAFETERIA	1200	
13	MAINTENANCE OF PERSONNEL	1300	
14	NURSING ADMINISTRATION	1400	
15	CENTRAL SERVICES & SUPPLY	1500	
16	PHARMACY	1600	
17	MEDICAL RECORDS & LIBRARY	1700	
18	SOCIAL SERVICE	1800	
20	NONPHYSICIAN ANESTHETISTS	2000	
21	NURSING SCHOOL	2100	
22	I&R SERVICES-SALARY & FRINGES APPRVD	2200	
23	I&R SERVICES-OTHER PRGM COSTS APPRVD	2300	
24	PARAMED ED PRGM	2400	
	INPAT ROUTINE SRVC C		
25	ADULTS & PEDIATRICS	2500	
26	INTENSIVE CARE UNIT	2600	
27	CORONARY CARE UNIT	2700	
28	BURN INTENSIVE CARE UNIT	2800	
29	SURGICAL INTENSIVE CARE UNIT	2900	
31	SUBPROVIDER	3100	
33	NURSERY	3300	
34	SKILLED NURSING FACILITY	3400	
35	NURSING FACILITY	3500	
35.01	ICF/MR	3510	
36	OTHER LONG TERM CARE	3600	
	ANCILLARY SRVC COST		
37	OPERATING ROOM	3700	
38	RECOVERY ROOM	3800	
39	DELIVERY ROOM & LABOR ROOM	3900	
40	ANESTHESIOLOGY	4000	
41	RADIOLOGY-DIAGNOSTIC	4100	
42	RADIOLOGY-THERAPEUTIC	4200	
43	RADIOISOTOPE	4300	
44	LABORATORY	4400	
45	PBP CLINICAL LAB SERVICES-PRGM ONLY	4500	
46	WHOLE BLOOD & PACKED RED BLOOD CELLS	4600	
47	BLOOD STORING, PROCESSING & TRANS.	4700	
48	INTRAVENOUS THERAPY	4800	
49	RESPIRATORY THERAPY	4900	
50	PHYSICAL THERAPY	5000	
51	OCCUPATIONAL THERAPY	5100	
52	SPEECH PATHOLOGY	5200	
53	ELECTROCARDIOLOGY	5300	
54	ELECTROENCEPHALOGRAPHY	5400	
54.01	CARDIAC REHAB	3620	STRESS TEST
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	5500	
56	DRUGS CHARGED TO PATIENTS	5600	
57	RENAL DIALYSIS	5700	
58	ASC (NON-DISTINCT PART)	5800	
	OUTPAT SERVICE COST		
60	CLINIC	6000	
60.01	HEALTHY FAMILY CLINIC	6001	CLINIC
60.02	MOBILE MEDICAL UNIT	6002	CLINIC
60.03	FAMILY PRACTICE CENTER	6003	CLINIC
60.04	WOUND CARE CLINIC	6004	CLINIC
61	EMERGENCY	6100	
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
	OTHER REIMBURS COST		
64	HOME PROGRAM DIALYSIS	6400	
65	AMBULANCE SERVICES	6500	
66	DURABLE MEDICAL EQUIP-RENTED	6600	
67	DURABLE MEDICAL EQUIP-SOLD	6700	
69	CORF	6900	
70	I&R SERVICES-NOT APPRVD PRGM	7000	
71	HOME HEALTH AGENCY	7100	
	SPEC PURPOSE COST CE		
86	OTHER ORGAN ACQUISITION	8600	
88	INTEREST EXPENSE	8800	
89	UTILIZATION REVIEW-SNF	8900	
90	OTHER CAPITAL RELATED COSTS	9000	
92	AMBULATORY SURGICAL CENTER (D.P.)	9200	
93	HOSPICE	9300	

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	SPEC PURPOSE COST CE		
95	SUBTOTALS	0000	
	NONREIMBURS COST CEN		
96	GIFT, FLOWER, COFFEE SHOP & CANTEEN	9600	
96.01	SCHOOL NURSE PROGRAM	9601	GIFT, FLOWER, COFFEE SHOP & CANTEEN
97	RESEARCH	9700	
98	PHYSICIANS' PRIVATE OFFICES	9800	
99	NONPAID WORKERS	9900	
101	TOTAL	0000	

		----- INCREASE -----			
EXPLANATION OF RECLASSIFICATION	CODE	LINE	SALARY	OTHER	
	(1) COST CENTER	NO			
	1	2	3	4	5
1 INTEREST EXPENSE RECLASS	A	NEW CAP REL COSTS-BLDG & FIXT	3		1,247,428
2 OBSTETRIC RECALSS	B	NURSERY	33	499,179	452,205
3		DELIVERY ROOM & LABOR ROOM	39	81,204	73,562
4 PROPERTY INSURANCE RECLASS	C	NEW CAP REL COSTS-BLDG & FIXT	3		2,281
5 BUILDING RENT RECLASS	D	NEW CAP REL COSTS-BLDG & FIXT	3		221,047
6		OPERATION OF PLANT	8		1,638
7					
8 EQUIPMENT RENT	E	PHARMACY	16		17,110
9		MEDICAL SUPPLIES CHARGED TO PATIENTS	55		3,220
10		NEW CAP REL COSTS-MVBLE EQUIP	4		128,249
11					
12 BLDG, IMPROV & FIXED DEP EXP RECLASS	F	NEW CAP REL COSTS-BLDG & FIXT	3		678,553
13		OTHER ADMINISTRATIVE AND GENERAL	6.06		247,957
14					
15					
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26					
27					
28					
29					
30 MME DEPR EXP RECLASS	G	NEW CAP REL COSTS-MVBLE EQUIP	4		958,198
31		OTHER ADMINISTRATIVE AND GENERAL	6.06		117,497
32					
33					
34					
35					
1 MME DEPR EXP RECLASS	G				
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21 CATHETER RECLASS	H	MEDICAL SUPPLIES CHARGED TO PATIENTS	55		95,400
22 IMPLANTS AND PROSTHESIS RECLASS	I	MEDICAL SUPPLIES CHARGED TO PATIENTS	55		2,673,503
23					
24					
25 IV SOLUTION RECLASS	J	DRUGS CHARGED TO PATIENTS	56		39,696
26					
27					
28					
29					
30					
31					
32					
33					
34					
35 PHARMACY RECLASS	K	DRUGS CHARGED TO PATIENTS	56		885,733

EXPLANATION OF RECLASSIFICATION	----- INCREASE -----			
	CODE	LINE		
	(1) COST CENTER	NO	SALARY	OTHER
	1	2	3	5
1 SUTURE RECLASS	L	MEDICAL SUPPLIES CHARGED TO PATIENTS	55	163,104
2		LABORATORY	44	28
3				
4				
5 CAFETERIA RECLASS	M	CAFETERIA	12	217,925
36 TOTAL RECLASSIFICATIONS			798,308	339,645
				8,346,054

(1) A letter (A, B, etc) must be entered on each line to identify each reclassification entry.
Transfer the amounts in columns 4, 5, 8, and 9 to Worksheet A, column 4, lines as appropriate.
See instructions for column 10 referencing to Worksheet A-7, Part III, columns 9 through 14.

----- DECREASE -----						A-7
EXPLANATION OF RECLASSIFICATION	CODE	LINE	SALARY	OTHER	REF	
(1) COST CENTER		NO	8	9		
1	6	7			10	
1 INTEREST EXPENSE RECLASS	A	OTHER ADMINISTRATIVE AND GENERAL	6.06	1,247,428	14	
2 OBSTETRIC RECLASS	B	ADULTS & PEDIATRICS	25	580,383		
3						
4 PROPERTY INSURANCE RECLASS	C	OTHER ADMINISTRATIVE AND GENERAL	6.06	2,281	12	
5 BUILDING RENT RECLASS	D	OPERATING ROOM	37	127,341	10	
6		PHYSICAL THERAPY	50	92,344	10	
7		OPERATION OF PLANT	8	3,000	10	
8 EQUIPMENT RENT	E	OPERATING ROOM	37	139,483	9	
9		RESPIRATORY THERAPY	49	4,154	9	
10		PHYSICAL THERAPY	50	4,920	9	
11		CLINIC	60	22		
12 BLDG, IMPROV & FIXED DEP EXP RECLASS	F	COMMUNICATIONS	6.01	1,388	9	
13		ADMITTING	6.04	354	9	
14		OPERATION OF PLANT	8	398,219	9	
15		DIETARY	11	3,983	9	
16		CENTRAL SERVICES & SUPPLY	15	842	9	
17		PHARMACY	16	247	9	
18		MEDICAL RECORDS & LIBRARY	17	16,169	9	
19		ADULTS & PEDIATRICS	25	4,379	9	
20		INTENSIVE CARE UNIT	26	108,880	9	
21		SKILLED NURSING FACILITY	34	26,435	9	
22		OPERATING ROOM	37	90,332	9	
23		RADIOLOGY-DIAGNOSTIC	41	42,572	9	
24		LABORATORY	44	10,441	9	
25		PHYSICAL THERAPY	50	1,491	9	
26		OCCUPATIONAL THERAPY	51	10,088	9	
27		HEALTHY FAMILY CLINIC	60.01	46,094	9	
28		EMERGENCY	61	35,631	9	
29		OPERATION OF PLANT	8	128,965	9	
30 MME DEPR EXP RECLASS	G	COMMUNICATIONS	6.01	460	9	
31		ADMITTING	6.04	892	9	
32		OPERATION OF PLANT	8	36,598	9	
33		HOUSEKEEPING	10	1,749	9	
34		DIETARY	11	2,913	9	
35		NURSING ADMINISTRATION	14	104	9	
1 MME DEPR EXP RECLASS	G	CENTRAL SERVICES & SUPPLY	15	478	9	
2		PHARMACY	16	49,106	9	
3		MEDICAL RECORDS & LIBRARY	17	15,771	9	
4		ADULTS & PEDIATRICS	25	75,907	9	
5		INTENSIVE CARE UNIT	26	9,876	9	
6		SKILLED NURSING FACILITY	34	2,474	9	
7		OPERATING ROOM	37	265,541	9	
8		RADIOLOGY-DIAGNOSTIC	41	411,020	9	
9		LABORATORY	44	81,534	9	
10		RESPIRATORY THERAPY	49	25,388	9	
11		PHYSICAL THERAPY	50	5,606	9	
12		OCCUPATIONAL THERAPY	51	1,468	9	
13		SPEECH PATHOLOGY	52	3,947	9	
14		CARDIAC REHAB	54.01	15,841	9	
15		MEDICAL SUPPLIES CHARGED TO PATIENTS	55	6,678	9	
16		CLINIC	60	9,310	9	
17		HEALTHY FAMILY CLINIC	60.01	8,596	9	
18		WOUND CARE CLINIC	60.04	8,325	9	
19		EMERGENCY	61	27,239	9	
20		OPERATION OF PLANT	8	8,874	9	
21 CATHETER RECLASS	H	RADIOLOGY-DIAGNOSTIC	41	95,400		
22 IMPLANTS AND PROSTHESIS RECLASS	I	OPERATING ROOM	37	2,405,814		
23		RADIOLOGY-DIAGNOSTIC	41	263,689		
24		ELECTROCARDIOLOGY	53	4,000		
25 IV SOLUTION RECLASS	J	PHARMACY	16	5,510		
26		ADULTS & PEDIATRICS	25	1,409		
27		INTENSIVE CARE UNIT	26	217		
28		SKILLED NURSING FACILITY	34	104		
29		OPERATING ROOM	37	9,330		
30		RECOVERY ROOM	38	340		
31		RADIOLOGY-DIAGNOSTIC	41	689		
32		MEDICAL SUPPLIES CHARGED TO PATIENTS	55	20,807		
33		HEALTHY FAMILY CLINIC	60.01	5		
34		EMERGENCY	61	1,285		
35 PHARMACY RECLASS	K	PHARMACY	16	885,733		

EXPLANATION OF RECLASSIFICATION	----- DECREASE -----				A-7 REF
	CODE	LINE			
	(1) COST CENTER	NO	SALARY	OTHER	10
	1	7	8	9	
1 SUTURE RECLASS	L ADULTS & PEDIATRICS	25		1,527	
2	OPERATING ROOM	37		133,680	
3	RADIOLOGY-DIAGNOSTIC	41		18,450	
4	EMERGENCY	61		9,475	
5 CAFETERIA RECLASS	M DIETARY	11	217,925	339,645	
36 TOTAL RECLASSIFICATIONS			798,308	8,346,054	

(1) A letter (A, B, etc) must be entered on each line to identify each reclassification entry.
Transfer the amounts in columns 4, 5, 8, and 9 to Worksheet A, column 4, lines as appropriate.
See instructions for column 10 referencing to Worksheet A-7, Part III, columns 9 through 14.

Health Financial Systems MCRIF32 FOR SAINT JOSEPH COMMUNITY HOSPITAL-MISH IN LIEU OF FORM CMS-2552-96(09/1996)
 ANALYSIS OF CHANGES DURING COST REPORTING PERIOD IN CAPITAL I PROVIDER NO: I PERIOD: I PREPARED 11/24/2008
 ASSET BALANCES OF HOSPITAL AND HOSPITAL HEALTH CARE I 15-0029 I FROM 7/ 1/2007 I WORKSHEET A-7
 COMPLEX CERTIFIED TO PARTICIPATE IN HEALTH CARE PROGRAMS I I TO 6/30/2008 I PARTS I & II

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

	DESCRIPTION	BEGINNING BALANCES 1	PURCHASES 2	ACQUISITIONS DONATION 3	TOTAL 4	DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
1	LAND							
2	LAND IMPROVEMENTS							
3	BUILDINGS & FIXTURE							
4	BUILDING IMPROVEMEN							
5	FIXED EQUIPMENT							
6	MOVABLE EQUIPMENT							
7	SUBTOTAL							
8	RECONCILING ITEMS							
9	TOTAL							

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

	DESCRIPTION	BEGINNING BALANCES 1	PURCHASES 2	ACQUISITIONS DONATION 3	TOTAL 4	DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
1	LAND	2,429,285				262,504	2,166,781	
2	LAND IMPROVEMENTS							
3	BUILDINGS & FIXTURE	36,118,312	6,137		6,137		36,124,449	16,082,611
4	BUILDING IMPROVEMEN	62,387	26,789		26,789		89,176	
5	FIXED EQUIPMENT	50,322					50,322	
6	MOVABLE EQUIPMENT	19,183,289	734,920		734,920	340,091	19,578,118	12,934,595
7	SUBTOTAL	57,843,595	767,846		767,846	602,595	58,008,846	29,017,206
8	RECONCILING ITEMS							
9	TOTAL	57,843,595	767,846		767,846	602,595	58,008,846	29,017,206

(1) The amounts on lines 1 thru 4 must equal the corresponding amounts on Worksheet A, column 7, lines 1 thru 4. Columns 9 through 14 should include related Worksheet A-6 reclassifications and Worksheet A-8 adjustments. (See instructions).

DESCRIPTION (1)			(2)		EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST.
	BASIS/CODE	AMOUNT	COST CENTER	LINE NO	A-7 REF.		
	1	2	3	4	5		
1			OLD CAP REL COSTS-BLDG &	1			
2			OLD CAP REL COSTS-MVBLE E	2			
3			NEW CAP REL COSTS-BLDG &	3			
4			NEW CAP REL COSTS-MVBLE E	4			
5						12	
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DESCRIPTION (1)	(2) BASIS/CODE	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED			WKST. A-7 REF.
			COST CENTER	LINE NO		
	1	2	3	4		5
50 TOTAL (SUM OF LINES 1 THRU 49)		-13,080,132				

(1) Description - all chapter references in this column pertain to CMS Pub. 15-I.
(2) Basis for adjustment (see instructions).
A. Costs - if cost, including applicable overhead, can be determined.
B. Amount Received - if cost cannot be determined.
(3) Additional adjustments may be made on lines 37 thru 49 and subscripts thereof.
Note: See instructions for column 5 referencing to Worksheet A-7

Health Financial Systems MCRIF32 FOR SAINT JOSEPH COMMUNITY HOSPITAL-MISH IN LIEU OF FORM CMS-2552-96(09/2000)
 STATEMENT OF COSTS OF SERVICES I PROVIDER NO: I PERIOD: I PREPARED 11/24/2008
 FROM RELATED ORGANIZATIONS AND I 15-0029 I FROM 7/ 1/2007 I
 HOME OFFICE COSTS I I TO 6/30/2008 I WORKSHEET A-8-1

A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR THE CLAIMING OF HOME OFFICE COSTS:

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT	NET* ADJUSTMENTS	WKSHT A-7 COL. REF.	
1	2	3	4	5	6		
1	6	OTHER ADMINISTRATIVE AND	HO NON CAPITAL COSTS	9,713,083	12,629,938	-2,916,855	
2	5	EMPLOYEE BENEFITS	EMP HEALTH STOP LOSS	42,200	71,592	-29,392	
3	5	EMPLOYEE BENEFITS	WORKER'S COMP	31,934	145,198	-113,264	
4	3	NEW CAP REL COSTS-BLDG &	PROPERTY INSURANCE	2,547	2,281	266	
4.01	6	OTHER ADMINISTRATIVE AND	MALPRACTICE INSURANCE	106,677	444,596	-337,919	12
4.02	6	OTHER ADMINISTRATIVE AND	RISK INSURANCE	73,062	76,743	-3,681	
4.03	9	LAUNDRY & LINEN SERVICE	PENSION	1,325,907	808,250	517,657	
4.04	5	EMPLOYEE BENEFITS	RETIREE HEALTH COSTS	15,646	-161,842	177,488	
4.05	6	OTHER ADMINISTRATIVE AND	HO CAPITAL COSTS	1,482,578		1,482,578	
4.06	3	NEW CAP REL COSTS-BLDG &	INTEREST INCOME FROM HO	-190,986		-190,986	12
5		TOTALS		12,602,648	14,016,756	-1,414,108	

* THE AMOUNTS ON LINES 1-4 AND SUBSCRIPTS AS APPROPRIATE ARE TRANSFERRED IN DETAIL TO WORKSHEET A, COLUMN 6, LINES AS APPROPRIATE. POSITIVE AMOUNTS INCREASE COST AND NEGATIVE AMOUNTS DECREASE COST. FOR RELATED ORGANIZATIONAL OR HOME OFFICE COST WHICH HAS NOT BEEN POSTED TO WORKSHEET A, COLUMNS 1 AND/OR 2, THE AMOUNT ALLOWABLE SHOULD BE IN COLUMN 4 OF THIS PART.

B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:
 THE SECRETARY, BY VIRTUE OF AUTHORITY GRANTED UNDER SECTION 1814(B)(1) OF THE SOCIAL SECURITY ACT, REQUIRES THAT YOU FURNISH THE INFORMATION REQUESTED UNDER PART B OF THIS WORKSHEET.

THIS INFORMATION IS USED BY THE CENTERS FOR MEDICARE & MEDICAID SERVICES AND ITS INTERMEDIARIES IN DETERMINING THAT THE COSTS APPLICABLE TO SERVICES, FACILITIES, AND SUPPLIES FURNISHED BY ORGANIZATIONS RELATED TO YOU BY COMMON OWNERSHIP OR CONTROL REPRESENT REASONABLE COSTS AS DETERMINED UNDER SECTION 1861 OF THE SOCIAL SECURITY ACT. IF YOU DO NOT PROVIDE ALL OR ANY PART OF THE REQUESTED INFORMATION, THE COST REPORT IS CONSIDERED INCOMPLETE AND NOT ACCEPTABLE FOR PURPOSES OF CLAIMING REIMBURSEMENT UNDER TITLE XVIII.

SYMBOL (1)	NAME	PERCENTAGE OF OWNERSHIP	RELATED ORGANIZATION(S) AND/OR HOME OFFICE NAME	PERCENTAGE OF OWNERSHIP	TYPE OF BUSINESS
1	2	3	4	5	6
1	G	0.00	TRINITY HEALTH	100.00	HO OF PARENT COMPANY
2	G	0.00	SJRCM - INC	100.00	PARENT COMPANY
3	G	100.00		100.00	HOSPITAL
4	G	100.00		100.00	HOSPITAL
5	G	100.00		100.00	HOSPITAL
5.01	G	100.00		100.00	HOME HEALTH

(1) USE THE FOLLOWING SYMBOLS TO INDICATE INTERRELATIONSHIP TO RELATED ORGANIZATIONS:

- INDIVIDUAL HAS FINANCIAL INTEREST (STOCKHOLDER, PARTNER, ETC.) IN BOTH RELATED ORGANIZATION AND IN PROVIDER.
- CORPORATION, PARTNERSHIP OR OTHER ORGANIZATION HAS FINANCIAL INTEREST IN PROVIDER.
- PROVIDER HAS FINANCIAL INTEREST IN CORPORATION, PARTNERSHIP OR OTHER ORGANIZATION.
- DIRECTOR, OFFICER, ADMINISTRATOR OR KEY PERSON OF PROVIDER OR RELATIVE OF SUCH PERSON HAS A FINANCIAL INTEREST IN RELATED ORGANIZATION.
- INDIVIDUAL IS DIRECTOR, OFFICER, ADMINISTRATOR OR KEY PERSON OF PROVIDER AND RELATED ORGANIZATION.
- DIRECTOR, OFFICER, ADMINISTRATOR OR KEY PERSON OF RELATED ORGANIZATION OR RELATIVE OF SUCH PERSON HAS FINANCIAL INTEREST IN PROVIDER.
- OTHER (FINANCIAL OR NON-FINANCIAL) SPECIFY.

COST ALLOCATION STATISTICS

I PROVIDER NO: I PERIOD: I PREPARED 11/24/2008
 I 15-0029 I FROM 7/ 1/2007 I NOT A CMS WORKSHEET
 I I TO 6/30/2008 I

LINE NO.	COST CENTER DESCRIPTION	STATISTICS CODE	STATISTICS DESCRIPTION	
	GENERAL SERVICE COST			
1	OLD CAP REL COSTS-BLDG & FIXT	1	SQUARE FEET	NOT ENTERED
2	OLD CAP REL COSTS-MVBLE EQUIP	2	DOLLAR VALUE	NOT ENTERED
3	NEW CAP REL COSTS-BLDG & FIXT	3	SQUARE FEET	ENTERED
4	NEW CAP REL COSTS-MVBLE EQUIP	4	DOLLAR VALUE	ENTERED
5	EMPLOYEE BENEFITS	S	GROSS SALARIES	NOT ENTERED
6.01	COMMUNICATIONS	9	PHONES	ENTERED
6.02	DATA PROCESSING			NOT ENTERED
6.03	PURCHASING, RECEIVING AND STORES	14	COSTED REQUIS.	ENTERED
6.04	ADMITTING	C	GROSS CHARGES	ENTERED
6.05	CASHIERING/ACCOUNTS RECEIVABLE	C	GROSS CHARGES	ENTERED
6.06	OTHER ADMINISTRATIVE AND GENERAL	#	ACCUM. COST	NOT ENTERED
7	MAINTENANCE & REPAIRS	3	SQUARE FEET	ENTERED
8	OPERATION OF PLANT	3	SQUARE FEET	ENTERED
9	LAUNDRY & LINEN SERVICE	8	POUNDS OF LAUNDRY	ENTERED
10	HOUSEKEEPING	3	SQUARE FEET	ENTERED
11	DIETARY	10	MEALS	ENTERED
12	CAFETERIA	11	FTE's	ENTERED
13	MAINTENANCE OF PERSONNEL	12	NUMBER HOUSED	NOT ENTERED
14	NURSING ADMINISTRATION	13	DIRECT NRSING HRS	ENTERED
15	CENTRAL SERVICES & SUPPLY	14	COSTED REQUIS.	ENTERED
16	PHARMACY	15	COSTED REQUIS.	ENTERED
17	MEDICAL RECORDS & LIBRARY	C	GROSS CHARGES	ENTERED
18	SOCIAL SERVICE	17	TIME SPENT	NOT ENTERED
20	NONPHYSICIAN ANESTHETISTS	18	ASSIGNED TIME	NOT ENTERED
21	NURSING SCHOOL	19	ASSIGNED TIME	NOT ENTERED
22	I&R SERVICES-SALARY & FRINGES APPRVD	20	ASSIGNED TIME	ENTERED
23	I&R SERVICES-OTHER PRGM COSTS APPRVD	21	ASSIGNED TIME	ENTERED
24	PARAMED ED PRGM	22	ASSIGNED TIME	NOT ENTERED

Health Financial Systems		MCRIF32	FOR SAINT JOSEPH COMMUNITY HOSPITAL-MISH IN LIEU OF FORM CMS-2552-96(9/1997)					
COST ALLOCATION - GENERAL SERVICE COSTS			I	PROVIDER NO:	I PERIOD:	I PREPARED	11/24/2008	
			I	15-0029	I FROM 7/ 1/2007	I WORKSHEET B		
			I		I TO 6/30/2008	I PART I		
		NET EXPENSES	OLD CAP REL C	OLD CAP REL C	NEW CAP REL C	NEW CAP REL C	EMPLOYEE BENE	COMMUNICATION
COST CENTER		FOR COST	OSTS-BLDG &	OSTS-MVBLE E	OSTS-BLDG &	OSTS-MVBLE E	FITS	S
DESCRIPTION		ALLOCATION						
		0	1	2	3	4	5	6.01
	GENERAL SERVICE COST CNTR							
001	OLD CAP REL COSTS-BLDG &							
002	OLD CAP REL COSTS-MVBLE E							
003	NEW CAP REL COSTS-BLDG &	1,958,589			1,958,589			
004	NEW CAP REL COSTS-MVBLE E	1,073,596				1,073,596		
005	EMPLOYEE BENEFITS	155,993			6,116	459	162,568	
006 01	COMMUNICATIONS	31,018			2,890		245	34,153
006 02	DATA PROCESSING							
006 03	PURCHASING, RECEIVING AND				57,343			
006 04	ADMITTING	650,260			32,687	890	3,851	1,125
006 05	CASHIERING/ACCOUNTS RECEI	97,411			13,693		628	
006 06	OTHER ADMINISTRATIVE AND	13,647,753			116,050		8,150	4,018
007	MAINTENANCE & REPAIRS							
008	OPERATION OF PLANT	1,982,627			232,795	45,383	4,385	1,527
009	LAUNDRY & LINEN SERVICE	778,609			2,395			
010	HOUSEKEEPING	789,461			17,701	1,746	4,167	643
011	DIETARY	555,930			49,318	2,907	1,957	
012	CAFETERIA	386,076			20,631		1,895	
013	MAINTENANCE OF PERSONNEL							
014	NURSING ADMINISTRATION	517,492				104	3,620	723
015	CENTRAL SERVICES & SUPPLY	229,253			26,795	477	575	563
016	PHARMACY	681,062			11,322	49,010	4,700	3,295
017	MEDICAL RECORDS & LIBRARY	921,414			33,198	15,740	4,779	
018	SOCIAL SERVICE							
020	NONPHYSICIAN ANESTHETISTS							
021	NURSING SCHOOL							
022	I&R SERVICES-SALARY & FRI	377,035			9,437		2,747	
023	I&R SERVICES-OTHER PRGM C							
024	PARAMED ED PRGM							
025	INPAT ROUTINE SRVC CNTRS							
026	ADULTS & PEDIATRICS	2,513,583			150,303	75,759	17,171	3,134
027	INTENSIVE CARE UNIT	1,692,663			67,698	9,857	10,640	1,045
028	CORONARY CARE UNIT							
029	BURN INTENSIVE CARE UNIT							
031	SURGICAL INTENSIVE CARE U							
033	SUBPROVIDER	-3,167						
033	NURSERY	951,384			3,297		4,341	
034	SKILLED NURSING FACILITY	1,381,152			81,910	2,467	7,909	723
035	NURSING FACILITY							
035 01	ICF/MR							
036	OTHER LONG TERM CARE							
037	ANCILLARY SRVC COST CNTRS							
038	OPERATING ROOM	4,620,795			319,929	265,023	18,165	3,054
039	RECOVERY ROOM	224,015					1,484	
040	DELIVERY ROOM & LABOR ROO	154,766			27,362		706	
041	ANESTHESIOLOGY							
042	RADIOLOGY-DIAGNOSTIC	2,574,705			131,045	410,220	11,695	3,616
043	RADIOLOGY-THERAPEUTIC							
044	RADIOISOTOPE							
045	LABORATORY	2,442,862			45,470	81,375	302	1,848
046	PBP CLINICAL LAB SERVICES							
047	WHOLE BLOOD & PACKED RED							
048	BLOOD STORING, PROCESSING							
049	INTRAVENOUS THERAPY							
049	RESPIRATORY THERAPY	548,333			8,695	25,339	3,302	482
050	PHYSICAL THERAPY	1,114,635			133,999	5,595	7,273	482
051	OCCUPATIONAL THERAPY	558,287			1,940	1,465	3,221	
052	SPEECH PATHOLOGY	40,855				3,939	276	
053	ELECTROCARDIOLOGY	-4,000						
054	ELECTROENCEPHALOGRAPHY							
054 01	CARDIAC REHAB	304,244			7,449	15,810	1,899	
055	MEDICAL SUPPLIES CHARGED	3,486,407				6,665		
056	DRUGS CHARGED TO PATIENTS	925,429						
057	RENAL DIALYSIS							
058	ASC (NON-DISTINCT PART)							
060	OUTPAT SERVICE COST CNTRS							
060	CLINIC	1,047,071			104,218	9,292	6,287	
060 01	HEALTHY FAMILY CLINIC	478,463			79,842	8,579	7,447	3,536
060 02	MOBILE MEDICAL UNIT	292,264					1,346	
060 03	FAMILY PRACTICE CENTER							
060 04	WOUND CARE CLINIC	1,678,310			50,580	8,309	3,416	1,607
061	EMERGENCY	1,660,484			40,783	27,186	9,430	2,491
062	OBSERVATION BEDS (NON-DIS							
064	OTHER REIMBURS COST CNTRS							
065	HOME PROGRAM DIALYSIS							
066	AMBULANCE SERVICES							
067	DURABLE MEDICAL EQUIP-REN							
069	DURABLE MEDICAL EQUIP-SOL							
070	CORF							
071	I&R SERVICES-NOT APPRVD P							
086	HOME HEALTH AGENCY							
092	SPEC PURPOSE COST CENTERS							
093	OTHER ORGAN ACQUISITION							
095	AMBULATORY SURGICAL CENTE							
095	HOSPICE							
095	SUBTOTALS	53,517,119			1,886,891	1,073,596	158,009	33,992

Health Financial Systems MCRIF32 FOR SAINT JOSEPH COMMUNITY HOSPITAL-MISH IN LIEU OF FORM CMS-2552-96(9/1997)CONTD

	I	PROVIDER NO:	I	PERIOD:	I	PREPARED 11/24/2008
COST ALLOCATION - GENERAL SERVICE COSTS	I	15-0029	I	FROM 7/ 1/2007	I	WORKSHEET B
	I		I	TO 6/30/2008	I	PART I

COST CENTER DESCRIPTION		NET EXPENSES FOR COST ALLOCATION	OLD CAP REL C OSTS-BLDG &	OLD CAP REL C OSTS-MVBLE E	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	EMPLOYEE FITS	BENE COMMUNICATIONS
		0	1	2	3	4	5	6.01
SPEC PURPOSE COST CENTERS								
NONREIMBURS COST CENTERS								
096	GIFT, FLOWER, COFFEE SHOP				3,505			161
096	01 SCHOOL NURSE PROGRAM	717,067					4,559	
097	RESEARCH							
098	PHYSICIANS' PRIVATE OFFIC				68,193			
099	NONPAID WORKERS							
101	CROSS FOOT ADJUSTMENT							
102	NEGATIVE COST CENTER							
103	TOTAL	54,234,186			1,958,589	1,073,596	162,568	34,153

Health Financial Systems		MCRIF32	FOR SAINT JOSEPH COMMUNITY HOSPITAL-MISH IN LIEU OF FORM CMS-2552-96(9/1997)CONTD				
			I PROVIDER NO:	I PERIOD:	I PREPARED 11/24/2008		
COST ALLOCATION - GENERAL SERVICE COSTS			I 15-0029	I FROM 7/ 1/2007	I WORKSHEET B		
			I	I TO 6/30/2008	I PART I		
	COST CENTER DESCRIPTION	DATA PROCESSING	PURCHASING, RECEIVING AND	R ADMITTING	CASHIERING/ACCOUNTS RECEIVED	SUBTOTAL	OTHER ADMINISTRATIVE AND MAINTENANCE & REPAIRS
		6.02	6.03	6.04	6.05	6a.05	6.06 7
001	GENERAL SERVICE COST CNTR						
002	OLD CAP REL COSTS-BLDG &						
003	OLD CAP REL COSTS-MVBLE E						
004	NEW CAP REL COSTS-BLDG &						
005	NEW CAP REL COSTS-MVBLE E						
006	EMPLOYEE BENEFITS						
006	01 COMMUNICATIONS						
006	02 DATA PROCESSING						
006	03 PURCHASING, RECEIVING AND		57,343				
006	04 ADMITTING		274	689,087			
006	05 CASHIERING/ACCOUNTS RECEI				111,732		
006	06 OTHER ADMINISTRATIVE AND		363			13,776,334	13,776,334
007	MAINTENANCE & REPAIRS						
008	OPERATION OF PLANT		760			2,267,477	771,963
009	LAUNDRY & LINEN SERVICE					781,084	265,920
010	HOUSEKEEPING		617			814,335	277,240
011	DIETARY		582			610,694	207,911
012	CAFETERIA					408,602	139,109
013	MAINTENANCE OF PERSONNEL						
014	NURSING ADMINISTRATION		2			521,941	177,695
015	CENTRAL SERVICES & SUPPLY					257,663	87,721
016	PHARMACY					749,389	255,129
017	MEDICAL RECORDS & LIBRARY		123			975,254	332,025
018	SOCIAL SERVICE						
020	NONPHYSICIAN ANESTHETISTS						
021	NURSING SCHOOL						
022	I&R SERVICES-SALARY & FRI					389,219	132,510
023	I&R SERVICES-OTHER PRGM C						
024	PARAMED ED PRGM						
025	INPAT ROUTINE SRVC CNTRS						
026	ADULTS & PEDIATRICS		1,202	45,757	7,416	2,814,325	958,137
026	INTENSIVE CARE UNIT		574	31,114	5,043	1,818,634	619,154
027	CORONARY CARE UNIT						
028	BURN INTENSIVE CARE UNIT						
029	SURGICAL INTENSIVE CARE U						
031	SUBPROVIDER					-3,167	
033	NURSERY		368	4,494	728	964,612	328,402
034	SKILLED NURSING FACILITY		384	12,425	2,014	1,488,984	506,925
035	NURSING FACILITY						
035	01 ICF/MR						
036	OTHER LONG TERM CARE						
037	ANCILLARY SRVC COST CNTRS						
037	OPERATING ROOM		34,691	119,810	19,465	5,400,932	1,838,767
038	RECOVERY ROOM		62	5,335	865	231,761	78,903
039	DELIVERY ROOM & LABOR ROO		59	7,885	1,278	192,056	65,385
040	ANESTHESIOLOGY						
041	RADIOLOGY-DIAGNOSTIC		8,301	112,525	18,238	3,270,345	1,113,389
042	RADIOLOGY-THERAPEUTIC						
043	RADIOISOTOPE						
044	LABORATORY			61,823	10,020	2,643,700	900,048
045	PBP CLINICAL LAB SERVICES						
046	WHOLE BLOOD & PACKED RED						
047	BLOOD STORING, PROCESSING						
048	INTRAVENOUS THERAPY						
049	RESPIRATORY THERAPY		273	13,387	2,170	601,981	204,944
050	PHYSICAL THERAPY		208	23,221	3,764	1,289,177	438,900
051	OCCUPATIONAL THERAPY		168	12,427	2,014	579,522	197,298
052	SPEECH PATHOLOGY		9	2,317	376	47,772	16,264
053	ELECTROCARDIOLOGY					-4,000	
054	ELECTROENCEPHALOGRAPHY						
054	01 CARDIAC REHAB		168	7,616	1,234	338,420	115,215
055	MEDICAL SUPPLIES CHARGED		4,523	57,124	9,258	3,563,977	1,213,356
056	DRUGS CHARGED TO PATIENTS			65,551	10,624	1,001,604	340,996
057	RENAL DIALYSIS						
058	ASC (NON-DISTINCT PART)						
060	OUTPAT SERVICE COST CNTRS						
060	CLINIC		211	8,018	1,300	1,176,397	400,504
060	01 HEALTHY FAMILY CLINIC		192	7,404	1,200	586,663	199,729
060	02 MOBILE MEDICAL UNIT		36	648	105	294,399	100,228
060	03 FAMILY PRACTICE CENTER						
060	04 WOUND CARE CLINIC		1,894	24,759	4,013	1,772,888	603,580
061	EMERGENCY		1,292	65,447	10,607	1,817,720	618,843
062	OBSERVATION BEDS (NON-DIS						
064	OTHER REIMBURS COST CNTRS						
064	HOME PROGRAM DIALYSIS						
065	AMBULANCE SERVICES						
066	DURABLE MEDICAL EQUIP-REN						
067	DURABLE MEDICAL EQUIP-SOL						
069	CORF						
070	I&R SERVICES-NOT APPRVD P						
071	HOME HEALTH AGENCY						
086	SPEC PURPOSE COST CENTERS						
092	OTHER ORGAN ACQUISITION						
093	AMBULATORY SURGICAL CENTE						
093	HOSPICE						
095	SUBTOTALS		57,336	689,087	111,732	53,440,694	13,506,190

Health Financial Systems MCRIF32 FOR SAINT JOSEPH COMMUNITY HOSPITAL-MISH IN LIEU OF FORM CMS-2552-96(9/1997)CONTD
 I PROVIDER NO: I PERIOD: I PREPARED 11/24/2008
 COST ALLOCATION - GENERAL SERVICE COSTS I 15-0029 I FROM 7/ 1/2007 I WORKSHEET B
 I I TO 6/30/2008 I PART I

	COST CENTER DESCRIPTION	DATA PROCESSI NG	PURCHASING, R ECEIVING AND	ADMITTING	CASHIERING/AC COUNTS RECEI	SUBTOTAL	OTHER ADMINIS TRATIVE AND	MAINTENANCE & REPAIRS
		6.02	6.03	6.04	6.05	6a.05	6.06	7
	SPEC PURPOSE COST CENTERS							
	NONREIMBURS COST CENTERS							
096	GIFT, FLOWER, COFFEE SHOP					3,666	1,248	
096	01 SCHOOL NURSE PROGRAM		7			721,633	245,680	
097	RESEARCH							
098	PHYSICIANS' PRIVATE OFFIC					68,193	23,216	
099	NONPAID WORKERS							
101	CROSS FOOT ADJUSTMENT							
102	NEGATIVE COST CENTER							
103	TOTAL		57,343	689,087	111,732	54,234,186	13,776,334	

Health Financial Systems		MCRIF32	FOR SAINT JOSEPH COMMUNITY HOSPITAL-MISH IN LIEU OF FORM CMS-2552-96(9/1997)CONTD					
			I	PROVIDER NO:	I	PERIOD:	I	PREPARED 11/24/2008
COST ALLOCATION - GENERAL SERVICE COSTS			I	15-0029	I	FROM 7/ 1/2007	I	WORKSHEET B
			I		I	TO 6/30/2008	I	PART I
	COST CENTER DESCRIPTION	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION
		8	9	10	11	12	13	14
001	GENERAL SERVICE COST CNTR							
002	OLD CAP REL COSTS-BLDG &							
003	OLD CAP REL COSTS-MVBLE E							
004	NEW CAP REL COSTS-BLDG &							
005	NEW CAP REL COSTS-MVBLE E							
005	EMPLOYEE BENEFITS							
006	01 COMMUNICATIONS							
006	02 DATA PROCESSING							
006	03 PURCHASING, RECEIVING AND							
006	04 ADMITTING							
006	05 CASHIERING/ACCOUNTS RECEI							
006	06 OTHER ADMINISTRATIVE AND							
007	MAINTENANCE & REPAIRS							
008	OPERATION OF PLANT	3,039,440						
009	LAUNDRY & LINEN SERVICE	4,863	1,051,867					
010	HOUSEKEEPING	35,939		1,127,514				
011	DIETARY	100,133		37,651	956,389			
012	CAFETERIA	41,888		15,750		605,349		
013	MAINTENANCE OF PERSONNEL							
014	NURSING ADMINISTRATION					11,777		711,413
015	CENTRAL SERVICES & SUPPLY	54,403	22,065	20,456		4,711		
016	PHARMACY	22,987		8,643		16,488		
017	MEDICAL RECORDS & LIBRARY	67,404		25,344		30,621		
018	SOCIAL SERVICE							
020	NONPHYSICIAN ANESTHETISTS							
021	NURSING SCHOOL							
022	I&R SERVICES-SALARY & FRI	19,161		7,205		11,777		
023	I&R SERVICES-OTHER PRGM C							
024	PARAMED ED PRGM							
025	INPAT ROUTINE SRVC CNTRS							
026	ADULTS & PEDIATRICS	305,165	292,619	114,745	424,553	96,573		157,665
027	INTENSIVE CARE UNIT	137,450	71,838	51,682	163,452	49,464		80,755
028	CORONARY CARE UNIT							
029	BURN INTENSIVE CARE UNIT							
029	SURGICAL INTENSIVE CARE U							
031	SUBPROVIDER							
033	NURSERY	6,695		2,517		18,844		30,764
034	SKILLED NURSING FACILITY	166,305	227,526	62,532	368,384	51,820		84,600
035	NURSING FACILITY							
035	01 ICF/MR							
036	OTHER LONG TERM CARE							
037	ANCILLARY SRVC COST CNTRS							
037	OPERATING ROOM	649,558	153,971	244,240		94,218		153,819
038	RECOVERY ROOM					4,711		7,691
039	DELIVERY ROOM & LABOR ROO	55,554		20,889		2,355		3,845
040	ANESTHESIOLOGY							
041	RADIOLOGY-DIAGNOSTIC	266,065	53,327	100,043		54,175		
042	RADIOLOGY-THERAPEUTIC							
043	RADIOISOTOPE							
044	LABORATORY	92,319		34,713		2,355		
045	PBP CLINICAL LAB SERVICES							
046	WHOLE BLOOD & PACKED RED							
047	BLOOD STORING, PROCESSING							
048	INTRAVENOUS THERAPY							
049	RESPIRATORY THERAPY	17,653		6,638		16,488		
050	PHYSICAL THERAPY	272,063	32,549	102,298		11,777		
051	OCCUPATIONAL THERAPY	3,939		1,481		14,133		
052	SPEECH PATHOLOGY							
053	ELECTROCARDIOLOGY							
054	ELECTROENCEPHALOGRAPHY							
054	01 CARDIAC REHAB	15,124	4,904	5,687		9,422		
055	MEDICAL SUPPLIES CHARGED							
056	DRUGS CHARGED TO PATIENTS							
057	RENAL DIALYSIS							
058	ASC (NON-DISTINCT PART)							
060	OUTPAT SERVICE COST CNTRS							
060	CLINIC	211,597	15,775	79,562		32,976		53,837
060	01 HEALTHY FAMILY CLINIC	162,106	4,809	60,953		9,422		57,682
060	02 MOBILE MEDICAL UNIT							11,536
060	03 FAMILY PRACTICE CENTER							
060	04 WOUND CARE CLINIC	102,694	26,725	38,614		18,844		
061	EMERGENCY	82,804	140,855	31,135		42,398		69,219
062	OBSERVATION BEDS (NON-DIS							
064	OTHER REIMBURS COST CNTRS							
064	HOME PROGRAM DIALYSIS							
065	AMBULANCE SERVICES							
066	DURABLE MEDICAL EQUIP-REN							
067	DURABLE MEDICAL EQUIP-SOL							
069	CORF							
070	I&R SERVICES-NOT APPRVD P							
071	HOME HEALTH AGENCY							
086	SPEC PURPOSE COST CENTERS							
092	OTHER ORGAN ACQUISITION							
092	AMBULATORY SURGICAL CENTE							
093	HOSPICE							
095	SUBTOTALS	2,893,869	1,046,963	1,072,778	956,389	605,349		711,413

Health Financial Systems MCRIF32 FOR SAINT JOSEPH COMMUNITY HOSPITAL-MISH IN LIEU OF FORM CMS-2552-96(9/1997)CONTD

	I	PROVIDER NO:	I	PERIOD:	I	PREPARED 11/24/2008
COST ALLOCATION - GENERAL SERVICE COSTS	I	15-0029	I	FROM 7/ 1/2007	I	WORKSHEET B
	I		I	TO 6/30/2008	I	PART I

	COST CENTER DESCRIPTION	OPERATION OF PLANT	LAUNDRY & LIN EN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE O F PERSONNEL	NURSING ADMIN ISTRATION
		8	9	10	11	12	13	14
	SPEC PURPOSE COST CENTERS							
	NONREIMBURS COST CENTERS							
096	GIFT, FLOWER, COFFEE SHOP	7,116		2,676				
096	01 SCHOOL NURSE PROGRAM							
097	RESEARCH							
098	PHYSICIANS' PRIVATE OFFIC	138,455	4,904	52,060				
099	NONPAID WORKERS							
101	CROSS FOOT ADJUSTMENT							
102	NEGATIVE COST CENTER							
103	TOTAL	3,039,440	1,051,867	1,127,514	956,389	605,349		711,413

Health Financial Systems		MCRIF32		FOR SAINT JOSEPH COMMUNITY HOSPITAL-MISH IN LIEU OF FORM CMS-2552-96(9/1997)CONTD					
				I	PROVIDER NO:	I	PERIOD:	I	PREPARED 11/24/2008
COST ALLOCATION - GENERAL SERVICE COSTS				I	15-0029	I	FROM 7/ 1/2007	I	WORKSHEET B
				I		I	TO 6/30/2008	I	PART I
COST CENTER		CENTRAL SERVI	PHARMACY	MEDICAL RECOR	SOCIAL SERVIC	NONPHYSICIAN	NURSING SCHOO	I&R SERVICES-	
DESCRIPTION		CES & SUPPLY		DS & LIBRARY	E	ANESTHETISTS	L	SALARY & FRI	
		15	16	17	18	20	21	22	
001	GENERAL SERVICE COST CNTR								
002	OLD CAP REL COSTS-BLDG &								
003	OLD CAP REL COSTS-MVBLE E								
004	NEW CAP REL COSTS-BLDG &								
005	NEW CAP REL COSTS-MVBLE E								
006	EMPLOYEE BENEFITS								
006	01 COMMUNICATIONS								
006	02 DATA PROCESSING								
006	03 PURCHASING, RECEIVING AND								
006	04 ADMITTING								
006	05 CASHIERING/ACCOUNTS RECEI								
006	06 OTHER ADMINISTRATIVE AND								
007	MAINTENANCE & REPAIRS								
008	OPERATION OF PLANT								
009	LAUNDRY & LINEN SERVICE								
010	HOUSEKEEPING								
011	DIETARY								
012	CAFETERIA								
013	MAINTENANCE OF PERSONNEL								
014	NURSING ADMINISTRATION								
015	CENTRAL SERVICES & SUPPLY	447,019							
016	PHARMACY		1,052,636						
017	MEDICAL RECORDS & LIBRARY	1,003		1,431,651					
018	SOCIAL SERVICE								
020	NONPHYSICIAN ANESTHETISTS								
021	NURSING SCHOOL								
022	I&R SERVICES-SALARY & FRI							559,872	
023	I&R SERVICES-OTHER PRGM C								
024	PARAMED ED PRGM								
025	INPAT ROUTINE SRVC CNTRS								
026	ADULTS & PEDIATRICS	9,817	5,943	95,068					
027	INTENSIVE CARE UNIT	4,688	4,470	64,644					
028	CORONARY CARE UNIT								
029	BURN INTENSIVE CARE UNIT								
031	SURGICAL INTENSIVE CARE U								
033	SUBPROVIDER								
033	NURSERY	3,003		9,336					
034	SKILLED NURSING FACILITY	3,138	517	25,815					
035	NURSING FACILITY								
035	01 ICF/MR								
036	OTHER LONG TERM CARE								
037	ANCILLARY SRVC COST CNTRS								
038	OPERATING ROOM	283,258	79,065	248,881					
039	RECOVERY ROOM	504		11,085					
039	DELIVERY ROOM & LABOR ROO	480		16,382					
040	ANESTHESIOLOGY								
041	RADIOLOGY-DIAGNOSTIC	67,780	153,499	233,791					
042	RADIOLOGY-THERAPEUTIC								
043	RADIOISOTOPE								
044	LABORATORY		2	128,449					
045	PBP CLINICAL LAB SERVICES								
046	WHOLE BLOOD & PACKED RED								
047	BLOOD STORING, PROCESSING								
048	INTRAVENOUS THERAPY								
049	RESPIRATORY THERAPY	2,233	67	27,813					
050	PHYSICAL THERAPY	1,702	214	48,247					
051	OCCUPATIONAL THERAPY	1,372	6	25,819					
052	SPEECH PATHOLOGY	77		4,814					
053	ELECTROCARDIOLOGY								
054	ELECTROENCEPHALOGRAPHY								
054	01 CARDIAC REHAB	1,373	1,183	15,824					
055	MEDICAL SUPPLIES CHARGED	36,937	15,731	118,685					
056	DRUGS CHARGED TO PATIENTS		744,541	136,193					
057	RENAL DIALYSIS								
058	ASC (NON-DISTINCT PART)								
060	OUTPAT SERVICE COST CNTRS								
060	CLINIC	1,724	11,604	16,659					
060	01 HEALTHY FAMILY CLINIC	1,568	21,024	15,382					
060	02 MOBILE MEDICAL UNIT	295	704	1,346					
060	03 FAMILY PRACTICE CENTER								
060	04 WOUND CARE CLINIC	15,465	8,355	51,441					
061	EMERGENCY	10,547	3,548	135,977				559,872	
062	OBSERVATION BEDS (NON-DIS								
064	OTHER REIMBURS COST CNTRS								
064	HOME PROGRAM DIALYSIS								
065	AMBULANCE SERVICES								
066	DURABLE MEDICAL EQUIP-REN								
067	DURABLE MEDICAL EQUIP-SOL								
069	CORF								
070	I&R SERVICES-NOT APPRVD P								
071	HOME HEALTH AGENCY								
086	SPEC PURPOSE COST CENTERS								
086	OTHER ORGAN ACQUISITION								
092	AMBULATORY SURGICAL CENTE								
093	HOSPICE								
095	SUBTOTALS	446,964	1,050,473	1,431,651				559,872	

Health Financial Systems MCRIF32 FOR SAINT JOSEPH COMMUNITY HOSPITAL-MISH IN LIEU OF FORM CMS-2552-96(9/1997)CONTD

	I	PROVIDER NO:	I	PERIOD:	I	PREPARED 11/24/2008
COST ALLOCATION - GENERAL SERVICE COSTS	I	15-0029	I	FROM 7/ 1/2007	I	WORKSHEET B
	I		I	TO 6/30/2008	I	PART I

COST CENTER DESCRIPTION		CENTRAL SERVI CES & SUPPLY	PHARMACY	MEDICAL RECOR DS & LIBRARY	SOCIAL SERVIC E	NONPHYSICIAN ANESTHETISTS	NURSING SCHOO L	I&R SERVICES- SALARY & FRI
		15	16	17	18	20	21	22
SPEC PURPOSE COST CENTERS								
NONREIMBURS COST CENTERS								
096	GIFT, FLOWER, COFFEE SHOP							
096	01 SCHOOL NURSE PROGRAM		55	2,163				
097	RESEARCH							
098	PHYSICIANS' PRIVATE OFFIC							
099	NONPAID WORKERS							
101	CROSS FOOT ADJUSTMENT							
102	NEGATIVE COST CENTER							
103	TOTAL	447,019	1,052,636	1,431,651				559,872

Health Financial Systems		MCRIF32	FOR SAINT JOSEPH COMMUNITY HOSPITAL-MISH IN LIEU OF FORM CMS-2552-96(9/1997)CONTD		I	PROVIDER NO:	I	PERIOD:	I	PREPARED 11/24/2008
COST ALLOCATION - GENERAL SERVICE COSTS					I	15-0029	I	FROM 7/ 1/2007	I	WORKSHEET B
					I		I	TO 6/30/2008	I	PART I
	COST CENTER	I&R SERVICES- PARAMED ED PR SUBTOTAL		I&R COST		TOTAL				
	DESCRIPTION	OTHER PRGM C	GM		POST STEP-					
		23	24	25	DOWN ADJ	26	27			
	GENERAL SERVICE COST CNTR									
001	OLD CAP REL COSTS-BLDG &									
002	OLD CAP REL COSTS-MVBLE E									
003	NEW CAP REL COSTS-BLDG &									
004	NEW CAP REL COSTS-MVBLE E									
005	EMPLOYEE BENEFITS									
006	01 COMMUNICATIONS									
006	02 DATA PROCESSING									
006	03 PURCHASING, RECEIVING AND									
006	04 ADMITTING									
006	05 CASHIERING/ACCOUNTS RECEI									
006	06 OTHER ADMINISTRATIVE AND									
007	MAINTENANCE & REPAIRS									
008	OPERATION OF PLANT									
009	LAUNDRY & LINEN SERVICE									
010	HOUSEKEEPING									
011	DIETARY									
012	CAFETERIA									
013	MAINTENANCE OF PERSONNEL									
014	NURSING ADMINISTRATION									
015	CENTRAL SERVICES & SUPPLY									
016	PHARMACY									
017	MEDICAL RECORDS & LIBRARY									
018	SOCIAL SERVICE									
020	NONPHYSICIAN ANESTHETISTS									
021	NURSING SCHOOL									
022	I&R SERVICES-SALARY & FRI									
023	I&R SERVICES-OTHER PRGM C									
024	PARAMED ED PRGM									
	INPAT ROUTINE SRVC CNTRS									
025	ADULTS & PEDIATRICS			5,274,610			5,274,610			
026	INTENSIVE CARE UNIT			3,066,231			3,066,231			
027	CORONARY CARE UNIT									
028	BURN INTENSIVE CARE UNIT									
029	SURGICAL INTENSIVE CARE U									
031	SUBPROVIDER			-3,167			-3,167			
033	NURSERY			1,364,173			1,364,173			
034	SKILLED NURSING FACILITY			2,986,546			2,986,546			
035	NURSING FACILITY									
035	01 ICF/MR									
036	OTHER LONG TERM CARE									
	ANCILLARY SRVC COST CNTRS									
037	OPERATING ROOM			9,146,709			9,146,709			
038	RECOVERY ROOM			334,655			334,655			
039	DELIVERY ROOM & LABOR ROO			356,946			356,946			
040	ANESTHESIOLOGY									
041	RADIOLOGY-DIAGNOSTIC			5,312,414			5,312,414			
042	RADIOLOGY-THERAPEUTIC									
043	RADIOISOTOPE									
044	LABORATORY			3,801,586			3,801,586			
045	PBP CLINICAL LAB SERVICES									
046	WHOLE BLOOD & PACKED RED									
047	BLOOD STORING, PROCESSING									
048	INTRAVENOUS THERAPY									
049	RESPIRATORY THERAPY			877,817			877,817			
050	PHYSICAL THERAPY			2,196,927			2,196,927			
051	OCCUPATIONAL THERAPY			823,570			823,570			
052	SPEECH PATHOLOGY			68,927			68,927			
053	ELECTROCARDIOLOGY			-4,000			-4,000			
054	ELECTROENCEPHALOGRAPHY									
054	01 CARDIAC REHAB			507,152			507,152			
055	MEDICAL SUPPLIES CHARGED			4,948,686			4,948,686			
056	DRUGS CHARGED TO PATIENTS			2,223,334			2,223,334			
057	RENAL DIALYSIS									
058	ASC (NON-DISTINCT PART)									
	OUTPAT SERVICE COST CNTRS									
060	CLINIC			2,000,635			2,000,635			
060	01 HEALTHY FAMILY CLINIC			1,119,338			1,119,338			
060	02 MOBILE MEDICAL UNIT			408,508			408,508			
060	03 FAMILY PRACTICE CENTER									
060	04 WOUND CARE CLINIC			2,638,606			2,638,606			
061	EMERGENCY			3,512,918		-559,872	2,953,046			
062	OBSERVATION BEDS (NON-DIS									
	OTHER REIMBURS COST CNTRS									
064	HOME PROGRAM DIALYSIS									
065	AMBULANCE SERVICES									
066	DURABLE MEDICAL EQUIP-REN									
067	DURABLE MEDICAL EQUIP-SOL									
069	CORF									
070	I&R SERVICES-NOT APPRVD P									
071	HOME HEALTH AGENCY									
	SPEC PURPOSE COST CENTERS									
086	OTHER ORGAN ACQUISITION									
092	AMBULATORY SURGICAL CENTE									
093	HOSPICE									
095	SUBTOTALS			52,963,121		-559,872	52,403,249			

Health Financial Systems MCRIF32 FOR SAINT JOSEPH COMMUNITY HOSPITAL-MISH IN LIEU OF FORM CMS-2552-96(9/1997)CONTD

	I	PROVIDER NO:	I	PERIOD:	I	PREPARED 11/24/2008
COST ALLOCATION - GENERAL SERVICE COSTS	I	15-0029	I	FROM 7/ 1/2007	I	WORKSHEET B
	I		I	TO 6/30/2008	I	PART I

COST CENTER		I&R SERVICES- PARAMED ED PR SUBTOTAL			I&R COST	TOTAL
DESCRIPTION		OTHER PRGM C	GM		POST STEP- DOWN ADJ	
		23	24	25	26	27
SPEC PURPOSE COST CENTERS						
NONREIMBURS COST CENTERS						
096	GIFT, FLOWER, COFFEE SHOP			14,706		14,706
096	01 SCHOOL NURSE PROGRAM			969,531		969,531
097	RESEARCH					
098	PHYSICIANS' PRIVATE OFFIC			286,828		286,828
099	NONPAID WORKERS					
101	CROSS FOOT ADJUSTMENT					
102	NEGATIVE COST CENTER					
103	TOTAL			54,234,186	-559,872	53,674,314

Health Financial Systems		MCRIF32	FOR SAINT JOSEPH COMMUNITY HOSPITAL-MISH IN LIEU OF FORM CMS-2552-96(9/1996)				PREPARED 11/24/2008	
ALLOCATION OF NEW CAPITAL RELATED COSTS			I	PROVIDER NO:	I PERIOD:	I	WORKSHEET B	
			I	15-0029	I FROM 7/ 1/2007	I	PART III	
			I		I TO 6/30/2008	I		
	COST CENTER	DIR ASSIGNED	OLD CAP REL C	OLD CAP REL C	NEW CAP REL C	NEW CAP REL C	EMPLOYEE BENE	
	DESCRIPTION	NEW CAPITAL	OSTS-BLDG &	OSTS-MVBLE E	OSTS-BLDG &	OSTS-MVBLE E	FITS	
		REL COSTS						
		0	1	2	3	4	5	
						4a		
001	GENERAL SERVICE COST CNTR							
002	OLD CAP REL COSTS-BLDG &							
003	OLD CAP REL COSTS-MVBLE E							
004	NEW CAP REL COSTS-BLDG &							
005	NEW CAP REL COSTS-MVBLE E							
006	EMPLOYEE BENEFITS				6,116	459	6,575	
006 01	COMMUNICATIONS				2,890		2,890	
006 02	DATA PROCESSING						10	
006 03	PURCHASING, RECEIVING AND				57,343		57,343	
006 04	ADMITTING				32,687	890	33,577	
006 05	CASHIERING/ACCOUNTS RECEI				13,693		13,693	
006 06	OTHER ADMINISTRATIVE AND				116,050		116,050	
007	MAINTENANCE & REPAIRS						330	
008	OPERATION OF PLANT				232,795	45,383	278,178	
009	LAUNDRY & LINEN SERVICE				2,395		2,395	
010	HOUSEKEEPING				17,701	1,746	19,447	
011	DIETARY				49,318	2,907	52,225	
012	CAFETERIA				20,631		20,631	
013	MAINTENANCE OF PERSONNEL							
014	NURSING ADMINISTRATION					104	104	
015	CENTRAL SERVICES & SUPPLY				26,795	477	27,272	
016	PHARMACY				11,322	49,010	60,332	
017	MEDICAL RECORDS & LIBRARY				33,198	15,740	48,938	
018	SOCIAL SERVICE						193	
020	NONPHYSICIAN ANESTHETISTS							
021	NURSING SCHOOL							
022	I&R SERVICES-SALARY & FRI				9,437		9,437	
023	I&R SERVICES-OTHER PRGM C						111	
024	PARAMED ED PRGM							
025	INPAT ROUTINE SRVC CNTRS							
026	ADULTS & PEDIATRICS				150,303	75,759	226,062	
027	INTENSIVE CARE UNIT				67,698	9,857	77,555	
028	CORONARY CARE UNIT						431	
029	BURN INTENSIVE CARE UNIT							
031	SURGICAL INTENSIVE CARE U							
033	SUBPROVIDER							
034	NURSERY				3,297		3,297	
035	SKILLED NURSING FACILITY				81,910	2,467	84,377	
036	NURSING FACILITY						320	
035 01	ICF/MR							
037	OTHER LONG TERM CARE							
038	ANCILLARY SRVC COST CNTRS							
039	OPERATING ROOM				319,929	265,023	584,952	
040	RECOVERY ROOM						732	
041	DELIVERY ROOM & LABOR ROO				27,362		27,362	
042	ANESTHESIOLOGY						60	
043	RADIOLOGY-DIAGNOSTIC				131,045	410,220	541,265	
044	RADIOLOGY-THERAPEUTIC						29	
045	RADIOISOTOPE							
046	LABORATORY				45,470	81,375	126,845	
047	PBP CLINICAL LAB SERVICES						12	
048	WHOLE BLOOD & PACKED RED							
049	BLOOD STORING, PROCESSING							
050	INTRAVENOUS THERAPY							
051	RESPIRATORY THERAPY				8,695	25,339	34,034	
052	PHYSICAL THERAPY				133,999	5,595	139,594	
053	OCCUPATIONAL THERAPY				1,940	1,465	3,405	
054	SPEECH PATHOLOGY					3,939	3,939	
055	ELECTROCARDIOLOGY						11	
056	ELECTROENCEPHALOGRAPHY							
057	01 CARDIAC REHAB				7,449	15,810	23,259	
058	MEDICAL SUPPLIES CHARGED					6,665	6,665	
060	DRUGS CHARGED TO PATIENTS							
061	RENAL DIALYSIS							
062	ASC (NON-DISTINCT PART)							
060	OUTPAT SERVICE COST CNTRS							
060 01	CLINIC				104,218	9,292	113,510	
060 02	HEALTHY FAMILY CLINIC				79,842	8,579	88,421	
060 03	MOBILE MEDICAL UNIT						254	
060 04	FAMILY PRACTICE CENTER						301	
061	WOUND CARE CLINIC				50,580	8,309	58,889	
062	EMERGENCY				40,783	27,186	67,969	
064	OBSERVATION BEDS (NON-DIS							
065	OTHER REIMBURS COST CNTRS							
066	HOME PROGRAM DIALYSIS							
067	AMBULANCE SERVICES							
068	DURABLE MEDICAL EQUIP-REN							
069	DURABLE MEDICAL EQUIP-SOL							
070	CORF							
071	I&R SERVICES-NOT APPRVD P							
086	HOME HEALTH AGENCY							
092	SPEC PURPOSE COST CENTERS							
093	OTHER ORGAN ACQUISITION							
095	AMBULATORY SURGICAL CENTE							
095	HOSPICE							
095	SUBTOTALS				1,886,891	1,073,596	2,960,487	
							6,390	

Health Financial Systems MCRIF32 FOR SAINT JOSEPH COMMUNITY HOSPITAL-MISH IN LIEU OF FORM CMS-2552-96(9/1996)CONTD

	I	PROVIDER NO:	I	PERIOD:	I	PREPARED 11/24/2008
ALLOCATION OF NEW CAPITAL RELATED COSTS	I	15-0029	I	FROM 7/ 1/2007	I	WORKSHEET B
	I		I	TO 6/30/2008	I	PART III

	COST CENTER DESCRIPTION	DIR ASSGND NEW CAPITAL REL COSTS 0	OLD CAP REL C OSTS-BLDG & 1	OLD CAP REL C OSTS-MVBLE E 2	NEW CAP REL C OSTS-BLDG & 3	NEW CAP REL C OSTS-MVBLE E 4	SUBTOTAL 4a	EMPLOYEE BENE FITS 5
	SPEC PURPOSE COST CENTERS							
	NONREIMBURS COST CENTERS							
096	GIFT, FLOWER, COFFEE SHOP				3,505		3,505	
096	01 SCHOOL NURSE PROGRAM							185
097	RESEARCH							
098	PHYSICIANS' PRIVATE OFFIC				68,193		68,193	
099	NONPAID WORKERS							
101	CROSS FOOT ADJUSTMENTS							
102	NEGATIVE COST CENTER							
103	TOTAL				1,958,589	1,073,596	3,032,185	6,575

Health Financial Systems		MCRIF32	FOR SAINT JOSEPH COMMUNITY HOSPITAL-MISH IN LIEU OF FORM CMS-2552-96(9/1996)CONTD						
ALLOCATION OF NEW CAPITAL RELATED COSTS			I	PROVIDER NO:	I	PERIOD:	I	PREPARED 11/24/2008	
			I	15-0029	I	FROM 7/ 1/2007	I	WORKSHEET B	
			I		I	TO 6/30/2008	I	PART III	
COST CENTER DESCRIPTION		S	COMMUNICATION DATA PROCESSING	PURCHASING, RECEIVING AND	R	ADMITTING	CASHIERING/AC COUNTS RECEI	OTHER ADMINIS TRATIVE AND	MAINTENANCE & REPAIRS
			6.01	6.02	6.03	6.04	6.05	6.06	7
001	GENERAL SERVICE COST CNTR								
002	OLD CAP REL COSTS-BLDG &								
003	OLD CAP REL COSTS-MVBLE E								
004	NEW CAP REL COSTS-BLDG &								
005	NEW CAP REL COSTS-MVBLE E								
005	EMPLOYEE BENEFITS								
006	01 COMMUNICATIONS	2,900							
006	02 DATA PROCESSING								
006	03 PURCHASING, RECEIVING AND			57,343					
006	04 ADMITTING	96		274	34,103		13,718		
006	05 CASHIERING/ACCOUNTS RECEI								
006	06 OTHER ADMINISTRATIVE AND	340		363				117,083	
007	MAINTENANCE & REPAIRS								
008	OPERATION OF PLANT	130		760				6,560	
009	LAUNDRY & LINEN SERVICE	7						2,260	
010	HOUSEKEEPING	55		617				2,356	
011	DIETARY			582				1,767	
012	CAFETERIA							1,182	
013	MAINTENANCE OF PERSONNEL								
014	NURSING ADMINISTRATION	61		2				1,510	
015	CENTRAL SERVICES & SUPPLY	48						745	
016	PHARMACY	280						2,168	
017	MEDICAL RECORDS & LIBRARY			123				2,821	
018	SOCIAL SERVICE								
020	NONPHYSICIAN ANESTHETISTS								
021	NURSING SCHOOL								
022	I&R SERVICES-SALARY & FRI							1,126	
023	I&R SERVICES-OTHER PRGM C								
024	PARAMED ED PRGM								
025	INPAT ROUTINE SRVC CNTRS								
026	ADULTS & PEDIATRICS	266		1,202	2,267	907		8,142	
027	INTENSIVE CARE UNIT	89		574	1,541	616		5,261	
028	CORONARY CARE UNIT								
029	BURN INTENSIVE CARE UNIT								
031	SURGICAL INTENSIVE CARE U								
033	SUBPROVIDER								
033	NURSERY			368	223	89		2,791	
034	SKILLED NURSING FACILITY	61		384	615	246		4,308	
035	NURSING FACILITY								
035	01 ICF/MR								
036	OTHER LONG TERM CARE								
037	ANCILLARY SRVC COST CNTRS								
037	OPERATING ROOM	259		34,691	5,904	2,437		15,640	
038	RECOVERY ROOM			62	264	106		670	
039	DELIVERY ROOM & LABOR ROO			59	391	156		556	
040	ANESTHESIOLOGY								
041	RADIOLOGY-DIAGNOSTIC	307		8,301	5,574	2,230		9,461	
042	RADIOLOGY-THERAPEUTIC								
043	RADIOISOTOPE								
044	LABORATORY	157			3,062	1,225		7,648	
045	PBP CLINICAL LAB SERVICES								
046	WHOLE BLOOD & PACKED RED								
047	BLOOD STORING, PROCESSING								
048	INTRAVENOUS THERAPY								
049	RESPIRATORY THERAPY	41		273	663	265		1,742	
050	PHYSICAL THERAPY	41		208	1,150	460		3,730	
051	OCCUPATIONAL THERAPY			168	616	246		1,677	
052	SPEECH PATHOLOGY			9	115	46		138	
053	ELECTROCARDIOLOGY								
054	ELECTROENCEPHALOGRAPHY								
054	01 CARDIAC REHAB			168	377	151		979	
055	MEDICAL SUPPLIES CHARGED			4,523	2,830	1,132		10,311	
056	DRUGS CHARGED TO PATIENTS				3,247	1,299		2,898	
057	RENAL DIALYSIS								
058	ASC (NON-DISTINCT PART)								
060	OUTPAT SERVICE COST CNTRS								
060	CLINIC			211	397	159		3,403	
060	01 HEALTHY FAMILY CLINIC	300		192	367	147		1,697	
060	02 MOBILE MEDICAL UNIT			36	32	13		852	
060	03 FAMILY PRACTICE CENTER								
060	04 WOUND CARE CLINIC	136		1,894	1,226	491		5,129	
061	EMERGENCY	212		1,292	3,242	1,297		5,259	
062	OBSERVATION BEDS (NON-DIS								
064	OTHER REIMBURS COST CNTRS								
064	HOME PROGRAM DIALYSIS								
065	AMBULANCE SERVICES								
066	DURABLE MEDICAL EQUIP-REN								
067	DURABLE MEDICAL EQUIP-SOL								
069	CORF								
070	I&R SERVICES-NOT APPRVD P								
071	HOME HEALTH AGENCY								
086	SPEC PURPOSE COST CENTERS								
092	OTHER ORGAN ACQUISITION								
092	AMBULATORY SURGICAL CENTE								
093	HOSPICE								
095	SUBTOTALS	2,886		57,336	34,103	13,718		114,787	

Health Financial Systems MCRIF32 FOR SAINT JOSEPH COMMUNITY HOSPITAL-MISH IN LIEU OF FORM CMS-2552-96(9/1996)CONTD

	I	PROVIDER NO:	I	PERIOD:	I	PREPARED 11/24/2008
ALLOCATION OF NEW CAPITAL RELATED COSTS	I	15-0029	I	FROM 7/ 1/2007	I	WORKSHEET B
	I		I	TO 6/30/2008	I	PART III

COST CENTER DESCRIPTION		COMMUNICATIONS	DATA PROCESSING	PURCHASING, RECEIVING AND	R ADMITTING	CASHIERING/AC COUNTS RECEI	OTHER ADMINIS TRATIVE AND	MAINTENANCE & REPAIRS
		6.01	6.02	6.03	6.04	6.05	6.06	7
SPEC PURPOSE COST CENTERS								
NONREIMBURS COST CENTERS								
096	GIFT, FLOWER, COFFEE SHOP	14					11	
096	01 SCHOOL NURSE PROGRAM			7			2,088	
097	RESEARCH							
098	PHYSICIANS' PRIVATE OFFIC						197	
099	NONPAID WORKERS							
101	CROSS FOOT ADJUSTMENTS							
102	NEGATIVE COST CENTER							
103	TOTAL	2,900		57,343	34,103	13,718	117,083	

Health Financial Systems		MCRIF32		FOR SAINT JOSEPH COMMUNITY HOSPITAL-MISH IN LIEU OF FORM CMS-2552-96(9/1996)CONTD		I PROVIDER NO: I PERIOD: I PREPARED 11/24/2008	
ALLOCATION OF NEW CAPITAL RELATED COSTS				I 15-0029 I FROM 7/ 1/2007 I WORKSHEET B		I TO 6/30/2008 I PART III	
	COST CENTER DESCRIPTION	OPERATION OF PLANT	LAUNDRY & LIN EN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE O F PERSONNEL NURSING ADMIN ISTRATION
		8	9	10	11	12	13 14
001	GENERAL SERVICE COST CNTR						
002	OLD CAP REL COSTS-BLDG &						
003	OLD CAP REL COSTS-MVBLE E						
004	NEW CAP REL COSTS-BLDG &						
005	NEW CAP REL COSTS-MVBLE E						
006	EMPLOYEE BENEFITS						
006	01 COMMUNICATIONS						
006	02 DATA PROCESSING						
006	03 PURCHASING, RECEIVING AND						
006	04 ADMITTING						
006	05 CASHIERING/ACCOUNTS RECEI						
006	06 OTHER ADMINISTRATIVE AND						
007	MAINTENANCE & REPAIRS						
008	OPERATION OF PLANT	285,805					
009	LAUNDRY & LINEN SERVICE	457	5,119				
010	HOUSEKEEPING	3,379		26,023			
011	DIETARY	9,416		869	64,938		
012	CAFETERIA	3,939		364		26,193	
013	MAINTENANCE OF PERSONNEL						
014	NURSING ADMINISTRATION					510	2,334
015	CENTRAL SERVICES & SUPPLY	5,116	107	472		204	
016	PHARMACY	2,161		199		713	
017	MEDICAL RECORDS & LIBRARY	6,338		585		1,325	
018	SOCIAL SERVICE						
020	NONPHYSICIAN ANESTHETISTS						
021	NURSING SCHOOL						
022	I&R SERVICES-SALARY & FRI	1,802		166		510	
023	I&R SERVICES-OTHER PRGM C						
024	PARAMED ED PRGM						
025	INPAT ROUTINE SRVC CNTRS						
026	ADULTS & PEDIATRICS	28,695	1,425	2,648	28,827	4,177	516
027	INTENSIVE CARE UNIT	12,925	350	1,193	11,098	2,140	265
028	CORONARY CARE UNIT						
029	BURN INTENSIVE CARE UNIT						
031	SURGICAL INTENSIVE CARE U						
033	SUBPROVIDER						
033	NURSERY	630		58		815	101
034	SKILLED NURSING FACILITY	15,638	1,107	1,443	25,013	2,242	278
035	NURSING FACILITY						
035	01 ICF/MR						
036	OTHER LONG TERM CARE						
037	ANCILLARY SRVC COST CNTRS						
038	OPERATING ROOM	61,079	749	5,638		4,077	505
039	RECOVERY ROOM					204	25
040	DELIVERY ROOM & LABOR ROO	5,224		482		102	13
041	ANESTHESIOLOGY						
042	RADIOLOGY-DIAGNOSTIC	25,019	260	2,309		2,344	
043	RADIOLOGY-THERAPEUTIC						
044	RADIOISOTOPE						
045	LABORATORY	8,681		801		102	
046	PBP CLINICAL LAB SERVICES						
047	WHOLE BLOOD & PACKED RED						
048	BLOOD STORING, PROCESSING						
049	INTRAVENOUS THERAPY						
050	RESPIRATORY THERAPY	1,660		153		713	
051	PHYSICAL THERAPY	25,583	158	2,361		510	
052	OCCUPATIONAL THERAPY	370		34		612	
053	SPEECH PATHOLOGY						
054	ELECTROCARDIOLOGY						
054	01 CARDIAC REHAB	1,422	24	131		408	
055	ELECTROENCEPHALOGRAPHY						
056	MEDICAL SUPPLIES CHARGED						
057	DRUGS CHARGED TO PATIENTS						
058	RENAL DIALYSIS						
060	ASC (NON-DISTINCT PART)						
060	OUTPAT SERVICE COST CNTRS						
060	CLINIC	19,897	77	1,836		1,427	177
060	01 HEALTHY FAMILY CLINIC	15,243	23	1,407		408	189
060	02 MOBILE MEDICAL UNIT						38
060	03 FAMILY PRACTICE CENTER						
060	04 WOUND CARE CLINIC	9,657	130	891		815	
061	EMERGENCY	7,786	685	719		1,835	227
062	OBSERVATION BEDS (NON-DIS						
064	OTHER REIMBURS COST CNTRS						
065	HOME PROGRAM DIALYSIS						
066	AMBULANCE SERVICES						
067	DURABLE MEDICAL EQUIP-REN						
069	DURABLE MEDICAL EQUIP-SOL						
070	CORF						
071	I&R SERVICES-NOT APPRVD P						
086	HOME HEALTH AGENCY						
092	SPEC PURPOSE COST CENTERS						
093	OTHER ORGAN ACQUISITION						
095	AMBULATORY SURGICAL CENTE						
095	HOSPICE						
095	SUBTOTALS	272,117	5,095	24,759	64,938	26,193	2,334

Health Financial Systems MCRIF32 FOR SAINT JOSEPH COMMUNITY HOSPITAL-MISH IN LIEU OF FORM CMS-2552-96(9/1996)CONTD
 ALLOCATION OF NEW CAPITAL RELATED COSTS I PROVIDER NO: I PERIOD: I PREPARED 11/24/2008
 I 15-0029 I FROM 7/ 1/2007 I WORKSHEET B
 I I TO 6/30/2008 I PART III

	COST CENTER DESCRIPTION	OPERATION OF PLANT	LAUNDRY & LIN EN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE O F PERSONNEL	NURSING ADMIN ISTRATION
		8	9	10	11	12	13	14
	SPEC PURPOSE COST CENTERS							
	NONREIMBURS COST CENTERS							
096	GIFT, FLOWER, COFFEE SHOP	669		62				
096	01 SCHOOL NURSE PROGRAM							
097	RESEARCH							
098	PHYSICIANS' PRIVATE OFFIC	13,019	24	1,202				
099	NONPAID WORKERS							
101	CROSS FOOT ADJUSTMENTS							
102	NEGATIVE COST CENTER							
103	TOTAL	285,805	5,119	26,023	64,938	26,193		2,334

Health Financial Systems		MCRIF32		FOR SAINT JOSEPH COMMUNITY HOSPITAL-MISH IN LIEU OF FORM CMS-2552-96(9/1996)CONTD				
ALLOCATION OF NEW CAPITAL RELATED COSTS				I PROVIDER NO:	I PERIOD:	I PREPARED 11/24/2008		
				I 15-0029	I FROM 7/ 1/2007	I WORKSHEET B		
				I	I TO 6/30/2008	I PART III		
COST CENTER DESCRIPTION		CENTRAL SERVI CES & SUPPLY	PHARMACY	MEDICAL RECOR DS & LIBRARY	SOCIAL SERVIC E	NONPHYSICIAN ANESTHETISTS	NURSING SCHOO L	I&R SERVICES- SALARY & FRI
		15	16	17	18	20	21	22
001	GENERAL SERVICE COST CNTR							
002	OLD CAP REL COSTS-BLDG &							
003	OLD CAP REL COSTS-MVBLE E							
004	NEW CAP REL COSTS-BLDG &							
005	NEW CAP REL COSTS-MVBLE E							
006	EMPLOYEE BENEFITS							
006	01 COMMUNICATIONS							
006	02 DATA PROCESSING							
006	03 PURCHASING, RECEIVING AND							
006	04 ADMITTING							
006	05 CASHIERING/ACCOUNTS RECEI							
006	06 OTHER ADMINISTRATIVE AND							
007	MAINTENANCE & REPAIRS							
008	OPERATION OF PLANT							
009	LAUNDRY & LINEN SERVICE							
010	HOUSEKEEPING							
011	DIETARY							
012	CAFETERIA							
013	MAINTENANCE OF PERSONNEL							
014	NURSING ADMINISTRATION							
015	CENTRAL SERVICES & SUPPLY	33,987						
016	PHARMACY		66,043					
017	MEDICAL RECORDS & LIBRARY	76		60,399				
018	SOCIAL SERVICE							
020	NONPHYSICIAN ANESTHETISTS							
021	NURSING SCHOOL							
022	I&R SERVICES-SALARY & FRI							13,152
023	I&R SERVICES-OTHER PRGM C							
024	PARAMED ED PRGM							
025	INPAT ROUTINE SRVC CNTRS							
026	ADULTS & PEDIATRICS	746	373	4,007				
027	INTENSIVE CARE UNIT	356	280	2,725				
028	CORONARY CARE UNIT							
029	BURN INTENSIVE CARE UNIT							
031	SURGICAL INTENSIVE CARE U							
033	SUBPROVIDER							
033	NURSERY	228		394				
034	SKILLED NURSING FACILITY	239	32	1,088				
035	NURSING FACILITY							
035	01 ICF/MR							
036	OTHER LONG TERM CARE							
037	ANCILLARY SRVC COST CNTRS							
038	OPERATING ROOM	21,540	4,961	10,543				
039	RECOVERY ROOM	38		467				
040	DELIVERY ROOM & LABOR ROO	36		691				
041	ANESTHESIOLOGY							
042	RADIOLOGY-DIAGNOSTIC	5,153	9,631	9,855				
043	RADIOLOGY-THERAPEUTIC							
044	RADIOISOTOPE							
044	LABORATORY			5,414				
045	PBP CLINICAL LAB SERVICES							
046	WHOLE BLOOD & PACKED RED							
047	BLOOD STORING, PROCESSING							
048	INTRAVENOUS THERAPY							
049	RESPIRATORY THERAPY	170	4	1,172				
050	PHYSICAL THERAPY	129	13	2,034				
051	OCCUPATIONAL THERAPY	104		1,088				
052	SPEECH PATHOLOGY	6		203				
053	ELECTROCARDIOLOGY							
054	ELECTROENCEPHALOGRAPHY							
054	01 CARDIAC REHAB	104	74	667				
055	MEDICAL SUPPLIES CHARGED	2,808	987	5,003				
056	DRUGS CHARGED TO PATIENTS		46,714	5,741				
057	RENAL DIALYSIS							
058	ASC (NON-DISTINCT PART)							
060	OUTPAT SERVICE COST CNTRS							
060	CLINIC	131	728	702				
060	01 HEALTHY FAMILY CLINIC	119	1,319	648				
060	02 MOBILE MEDICAL UNIT	22	44	57				
060	03 FAMILY PRACTICE CENTER							
060	04 WOUND CARE CLINIC	1,176	524	2,168				
061	EMERGENCY	802	223	5,732				
062	OBSERVATION BEDS (NON-DIS							
064	OTHER REIMBURS COST CNTRS							
065	HOME PROGRAM DIALYSIS							
066	AMBULANCE SERVICES							
067	DURABLE MEDICAL EQUIP-REN							
069	DURABLE MEDICAL EQUIP-SOL							
070	CORF							
071	I&R SERVICES-NOT APPRVD P							
086	HOME HEALTH AGENCY							
092	SPEC PURPOSE COST CENTERS							
093	OTHER ORGAN ACQUISITION							
093	AMBULATORY SURGICAL CENTE							
093	HOSPICE							
095	SUBTOTALS	33,983	65,907	60,399				

Health Financial Systems MCRIF32 FOR SAINT JOSEPH COMMUNITY HOSPITAL-MISH IN LIEU OF FORM CMS-2552-96(9/1996)CONTD

	I	PROVIDER NO:	I	PERIOD:	I	PREPARED 11/24/2008
ALLOCATION OF NEW CAPITAL RELATED COSTS	I	15-0029	I	FROM 7/ 1/2007	I	WORKSHEET B
	I		I	TO 6/30/2008	I	PART III

	COST CENTER DESCRIPTION	CENTRAL SERVI CES & SUPPLY	PHARMACY	MEDICAL RECOR DS & LIBRARY	SOCIAL SERVIC E	NONPHYSICIAN ANESTHETISTS	NURSING SCHOO L	I&R SERVICES- SALARY & FRI
		15	16	17	18	20	21	22
	SPEC PURPOSE COST CENTERS							
	NONREIMBURS COST CENTERS							
096	GIFT, FLOWER, COFFEE SHOP							
096	01 SCHOOL NURSE PROGRAM	4	136					
097	RESEARCH							
098	PHYSICIANS' PRIVATE OFFIC							
099	NONPAID WORKERS							
101	CROSS FOOT ADJUSTMENTS							13,152
102	NEGATIVE COST CENTER							
103	TOTAL	33,987	66,043	60,399				13,152

Health Financial Systems		MCRIF32	FOR SAINT JOSEPH COMMUNITY HOSPITAL-MISH IN LIEU OF FORM CMS-2552-96(9/1996)CONTD		I PROVIDER NO:	I PERIOD:	I PREPARED 11/24/2008
ALLOCATION OF NEW CAPITAL RELATED COSTS			I	15-0029	I FROM 7/ 1/2007	I	WORKSHEET B
			I		I TO 6/30/2008	I	PART III
		I&R SERVICES- PARAMED ED PR	SUBTOTAL	POST	TOTAL		
		OTHER PRGM C GM		STEPPDOWN			
				ADJUSTMENT			
		23	24	25	26	27	
	GENERAL SERVICE COST CNTR						
001	OLD CAP REL COSTS-BLDG &						
002	OLD CAP REL COSTS-MVBLE E						
003	NEW CAP REL COSTS-BLDG &						
004	NEW CAP REL COSTS-MVBLE E						
005	EMPLOYEE BENEFITS						
006	01 COMMUNICATIONS						
006	02 DATA PROCESSING						
006	03 PURCHASING, RECEIVING AND						
006	04 ADMITTING						
006	05 CASHIERING/ACCOUNTS RECEI						
006	06 OTHER ADMINISTRATIVE AND						
007	MAINTENANCE & REPAIRS						
008	OPERATION OF PLANT						
009	LAUNDRY & LINEN SERVICE						
010	HOUSEKEEPING						
011	DIETARY						
012	CAFETERIA						
013	MAINTENANCE OF PERSONNEL						
014	NURSING ADMINISTRATION						
015	CENTRAL SERVICES & SUPPLY						
016	PHARMACY						
017	MEDICAL RECORDS & LIBRARY						
018	SOCIAL SERVICE						
020	NONPHYSICIAN ANESTHETISTS						
021	NURSING SCHOOL						
022	I&R SERVICES-SALARY & FRI						
023	I&R SERVICES-OTHER PRGM C						
024	PARAMED ED PRGM						
	INPAT ROUTINE SRVC CNTRS						
025	ADULTS & PEDIATRICS		310,955			310,955	
026	INTENSIVE CARE UNIT		117,399			117,399	
027	CORONARY CARE UNIT						
028	BURN INTENSIVE CARE UNIT						
029	SURGICAL INTENSIVE CARE U						
031	SUBPROVIDER						
033	NURSERY		9,170			9,170	
034	SKILLED NURSING FACILITY		137,391			137,391	
035	NURSING FACILITY						
035	01 ICF/MR						
036	OTHER LONG TERM CARE						
	ANCILLARY SRVC COST CNTRS						
037	OPERATING ROOM		753,707			753,707	
038	RECOVERY ROOM		1,896			1,896	
039	DELIVERY ROOM & LABOR ROO		35,101			35,101	
040	ANESTHESIOLOGY						
041	RADIOLOGY-DIAGNOSTIC		622,182			622,182	
042	RADIOLOGY-THERAPEUTIC						
043	RADIOISOTOPE						
044	LABORATORY		153,947			153,947	
045	PBP CLINICAL LAB SERVICES						
046	WHOLE BLOOD & PACKED RED						
047	BLOOD STORING, PROCESSING						
048	INTRAVENOUS THERAPY						
049	RESPIRATORY THERAPY		41,024			41,024	
050	PHYSICAL THERAPY		176,265			176,265	
051	OCCUPATIONAL THERAPY		8,450			8,450	
052	SPEECH PATHOLOGY		4,467			4,467	
053	ELECTROCARDIOLOGY						
054	ELECTROENCEPHALOGRAPHY						
054	01 CARDIAC REHAB		27,841			27,841	
055	MEDICAL SUPPLIES CHARGED		34,259			34,259	
056	DRUGS CHARGED TO PATIENTS		59,899			59,899	
057	RENAL DIALYSIS						
058	ASC (NON-DISTINCT PART)						
	OUTPAT SERVICE COST CNTRS						
060	CLINIC		142,909			142,909	
060	01 HEALTHY FAMILY CLINIC		110,781			110,781	
060	02 MOBILE MEDICAL UNIT		1,148			1,148	
060	03 FAMILY PRACTICE CENTER						
060	04 WOUND CARE CLINIC		83,264			83,264	
061	EMERGENCY		97,662			97,662	
062	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
064	HOME PROGRAM DIALYSIS						
065	AMBULANCE SERVICES						
066	DURABLE MEDICAL EQUIP-REN						
067	DURABLE MEDICAL EQUIP-SOL						
069	CORF						
070	I&R SERVICES-NOT APPRVD P						
071	HOME HEALTH AGENCY						
	SPEC PURPOSE COST CENTERS						
086	OTHER ORGAN ACQUISITION						
092	AMBULATORY SURGICAL CENTE						
093	HOSPICE						
095	SUBTOTALS		2,929,717			2,929,717	

Health Financial Systems		MCRIF32	FOR SAINT JOSEPH COMMUNITY HOSPITAL-MISH IN LIEU OF FORM CMS-2552-96(9/1997)			
			I PROVIDER NO:	I PERIOD:	I PREPARED 11/24/2008	
COST ALLOCATION - STATISTICAL BASIS			I 15-0029	I FROM 7/ 1/2007	I WORKSHEET B-1	
			I	I TO 6/30/2008	I	
COST CENTER DESCRIPTION		OLD CAP REL C OSTS-BLDG &	OLD CAP REL C OSTS-MVBLE E	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	EMPLOYEE BENE COMMUNICATION FITS S
		(SQUARE FEET) VALUE	(DOLLAR) VALUE	(SQUARE) FEET	(DOLLAR) VALUE	(GROSS) SALARIES (PHONES)
		1	2	3	4	5 6.01
	GENERAL SERVICE COST					
001	OLD CAP REL COSTS-BLD					
002	OLD CAP REL COSTS-MVB					
003	NEW CAP REL COSTS-BLD			245,308		
004	NEW CAP REL COSTS-MVB				1,075,693	
005	EMPLOYEE BENEFITS			766	460	18,693,099
006	01 COMMUNICATIONS			362		28,165 425
006	02 DATA PROCESSING					
006	03 PURCHASING, RECEIVING			7,182		
006	04 ADMITTING			4,094	892	442,823 14
006	05 CASHIERING/ACCOUNTS R			1,715		72,180
006	06 OTHER ADMINISTRATIVE			14,535		937,157 50
007	MAINTENANCE & REPAIRS					
008	OPERATION OF PLANT			29,157	45,472	504,238 19
009	LAUNDRY & LINEN SERVI			300		1
010	HOUSEKEEPING			2,217	1,749	479,183 8
011	DIETARY			6,177	2,913	225,003
012	CAFETERIA			2,584		217,925
013	MAINTENANCE OF PERSON					
014	NURSING ADMINISTRATIO				104	416,281 9
015	CENTRAL SERVICES & SU			3,356	478	66,062 7
016	PHARMACY			1,418	49,106	540,394 41
017	MEDICAL RECORDS & LIB			4,158	15,771	549,529
018	SOCIAL SERVICE					
020	NONPHYSICIAN ANESTHET					
021	NURSING SCHOOL					
022	I&R SERVICES-SALARY &			1,182		315,800
023	I&R SERVICES-OTHER PR					
024	PARAMED ED PRGM					
	INPAT ROUTINE SRVC CN					
025	ADULTS & PEDIATRICS			18,825	75,907	1,974,367 39
026	INTENSIVE CARE UNIT			8,479	9,876	1,223,412 13
027	CORONARY CARE UNIT					
028	BURN INTENSIVE CARE U					
029	SURGICAL INTENSIVE CA					
031	SUBPROVIDER					
033	NURSERY			413		499,179
034	SKILLED NURSING FACIL			10,259	2,472	909,383 9
035	NURSING FACILITY					
035	01 ICF/MR					
036	OTHER LONG TERM CARE					
	ANCILLARY SRVC COST C					
037	OPERATING ROOM			40,070	265,541	2,089,101 38
038	RECOVERY ROOM					170,674
039	DELIVERY ROOM & LABOR			3,427		81,204
040	ANESTHESIOLOGY					
041	RADIOLOGY-DIAGNOSTIC			16,413	411,020	1,344,672 45
042	RADIOLOGY-THERAPEUTIC					
043	RADIOISOTOPE					
044	LABORATORY			5,695	81,534	34,735 23
045	PBP CLINICAL LAB SERV					
046	WHOLE BLOOD & PACKED					
047	BLOOD STORING, PROCES					
048	INTRAVENOUS THERAPY					
049	RESPIRATORY THERAPY			1,089	25,388	379,704 6
050	PHYSICAL THERAPY			16,783	5,606	836,221 6
051	OCCUPATIONAL THERAPY			243	1,468	370,360
052	SPEECH PATHOLOGY				3,947	31,748
053	ELECTROCARDIOLOGY					
054	ELECTROENCEPHALOGRAPH					
054	01 CARDIAC REHAB			933	15,841	218,396
055	MEDICAL SUPPLIES CHAR				6,678	
056	DRUGS CHARGED TO PATI					
057	RENAL DIALYSIS					
058	ASC (NON-DISTINCT PAR					
	OUTPAT SERVICE COST C					
060	CLINIC			13,053	9,310	722,880
060	01 HEALTHY FAMILY CLINIC			10,000	8,596	856,246 44
060	02 MOBILE MEDICAL UNIT					154,795
060	03 FAMILY PRACTICE CENTE					
060	04 WOUND CARE CLINIC			6,335	8,325	392,824 20
061	EMERGENCY			5,108	27,239	1,084,288 31
062	OBSERVATION BEDS (NON					
	OTHER REIMBURS COST C					
064	HOME PROGRAM DIALYSIS					
065	AMBULANCE SERVICES					
066	DURABLE MEDICAL EQUIP					
067	DURABLE MEDICAL EQUIP					
069	CORF					
070	I&R SERVICES-NOT APPR					
071	HOME HEALTH AGENCY					
	SPEC PURPOSE COST CEN					
086	OTHER ORGAN ACQUISITI					

Health Financial Systems MCRIF32 FOR SAINT JOSEPH COMMUNITY HOSPITAL-MISH IN LIEU OF FORM CMS-2552-96(9/1997)CONTD

	I PROVIDER NO:	I PERIOD:	I PREPARED 11/24/2008
COST ALLOCATION - STATISTICAL BASIS	I 15-0029	I FROM 7/ 1/2007	I WORKSHEET B-1
	I	I TO 6/30/2008	I

COST CENTER DESCRIPTION		OLD CAP REL C OSTS-BLDG &	OLD CAP REL C OSTS-MVBLE E	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	EMPLOYEE BENE FITS	COMMUNICATION S
		(SQUARE FEET)VALUE	(DOLLAR)VALUE	(SQUARE) FEET	(DOLLAR)VALUE	(GROSS) SALARIES	(PHONES)
		1	2	3	4	5	6.01
	SPEC PURPOSE COST CEN						
092	AMBULATORY SURGICAL C						
093	HOSPICE						
095	SUBTOTALS			236,328	1,075,693	18,168,929	423
	NONREIMBURS COST CENT						
096	GIFT, FLOWER, COFFEE			439			2
096	01 SCHOOL NURSE PROGRAM					524,170	
097	RESEARCH						
098	PHYSICIANS' PRIVATE O			8,541			
099	NONPAID WORKERS						
101	CROSS FOOT ADJUSTMENT						
102	NEGATIVE COST CENTER						
103	COST TO BE ALLOCATED (WRKSHT B, PART I)			1,958,589	1,073,596	162,568	34,153
104	UNIT COST MULTIPLIER (WRKSHT B, PT I)			7.984204		.008697	
105	COST TO BE ALLOCATED (WRKSHT B, PART II)				.998051		80.360000
106	UNIT COST MULTIPLIER (WRKSHT B, PT II)						
107	COST TO BE ALLOCATED (WRKSHT B, PART III)					6,575	2,900
108	UNIT COST MULTIPLIER (WRKSHT B, PT III)					.000352	6.823529

	COST CENTER DESCRIPTION	DATA PROCESSI NG	PURCHASING, R ECEIVING AND	R(GROSS) CHARGES	(GROSS) CHARGES	RECONCIL- IATION	OTHER ADMINIS TRATIVE AND	MAINTENANCE & REPAIRS
		(COSTED EQUIS.					(ACCUM. COST	(SQUARE) FEET
		6.02	6.03	6.04	6.05	6a.06	6.06	7
001	GENERAL SERVICE COST							
002	OLD CAP REL COSTS-BLD							
003	OLD CAP REL COSTS-MVB							
004	NEW CAP REL COSTS-BLD							
005	NEW CAP REL COSTS-MVB							
006	EMPLOYEE BENEFITS							
006	01 COMMUNICATIONS							
006	02 DATA PROCESSING							
006	03 PURCHASING, RECEIVING		6,346,630					
006	04 ADMITTING		30,340	136,528,450				
006	05 CASHIERING/ACCOUNTS R				136,528,450			
006	06 OTHER ADMINISTRATIVE		40,142			-13,776,334	40,465,019	
007	MAINTENANCE & REPAIRS							216,654
008	OPERATION OF PLANT		84,090				2,267,477	29,157
009	LAUNDRY & LINEN SERVI						781,084	300
010	HOUSEKEEPING		68,284				814,335	2,217
011	DIETARY		64,453				610,694	6,177
012	CAFETERIA						408,602	2,584
013	MAINTENANCE OF PERSON							
014	NURSING ADMINISTRATIO		182				521,941	
015	CENTRAL SERVICES & SU						257,663	3,356
016	PHARMACY						749,389	1,418
017	MEDICAL RECORDS & LIB		13,599				975,254	4,158
018	SOCIAL SERVICE							
020	NONPHYSICIAN ANESTHET							
021	NURSING SCHOOL							
022	I&R SERVICES-SALARY &						389,219	1,182
023	I&R SERVICES-OTHER PR							
024	PARAMED ED PRGM							
025	INPAT ROUTINE SRVC CN							
026	ADULTS & PEDIATRICS		133,059	9,066,162	9,066,162		2,814,325	18,825
026	INTENSIVE CARE UNIT		63,540	6,164,819	6,164,819		1,818,634	8,479
027	CORONARY CARE UNIT							
028	BURN INTENSIVE CARE U							
029	SURGICAL INTENSIVE CA							
031	SUBPROVIDER					3,167		
033	NURSERY		40,700	890,371	890,371		964,612	413
034	SKILLED NURSING FACIL		42,538	2,461,858	2,461,858		1,488,984	10,259
035	NURSING FACILITY							
035	01 ICF/MR							
036	OTHER LONG TERM CARE							
037	ANCILLARY SRVC COST C							
037	OPERATING ROOM		3,839,466	23,733,299	23,733,299		5,400,932	40,070
038	RECOVERY ROOM		6,832	1,057,162	1,057,162		231,761	
039	DELIVERY ROOM & LABOR		6,500	1,562,279	1,562,279		192,056	3,427
040	ANESTHESIOLOGY							
041	RADIOLOGY-DIAGNOSTIC		918,722	22,295,494	22,295,494		3,270,345	16,413
042	RADIOLOGY-THERAPEUTIC							
043	RADIOISOTOPE							
044	LABORATORY			12,249,528	12,249,528		2,643,700	5,695
045	PBP CLINICAL LAB SERV							
046	WHOLE BLOOD & PACKED							
047	BLOOD STORING, PROCES							
048	INTRAVENOUS THERAPY							
049	RESPIRATORY THERAPY		30,264	2,652,401	2,652,401		601,981	1,089
050	PHYSICAL THERAPY		23,064	4,601,043	4,601,043		1,289,177	16,783
051	OCCUPATIONAL THERAPY		18,592	2,462,226	2,462,226		579,522	243
052	SPEECH PATHOLOGY		1,045	459,096	459,096		47,772	
053	ELECTROCARDIOLOGY					4,000		
054	ELECTROENCEPHALOGRAPH							
054	01 CARDIAC REHAB		18,609	1,509,107	1,509,107		338,420	933
055	MEDICAL SUPPLIES CHAR		500,659	11,318,428	11,318,428		3,563,977	
056	DRUGS CHARGED TO PATI			12,988,046	12,988,046		1,001,604	
057	RENAL DIALYSIS							
058	ASC (NON-DISTINCT PAR							
060	OUTPAT SERVICE COST C							
060	CLINIC		23,373	1,588,736	1,588,736		1,176,397	13,053
060	01 HEALTHY FAMILY CLINIC		21,252	1,466,951	1,466,951		586,663	10,000
060	02 MOBILE MEDICAL UNIT		3,999	128,334	128,334		294,399	
060	03 FAMILY PRACTICE CENTE							
060	04 WOUND CARE CLINIC		209,619	4,905,650	4,905,650		1,772,888	6,335
061	EMERGENCY		142,956	12,967,460	12,967,460		1,817,720	5,108
062	OBSERVATION BEDS (NON							
064	OTHER REIMBURS COST C							
065	HOME PROGRAM DIALYSIS							
066	AMBULANCE SERVICES							
066	DURABLE MEDICAL EQUIP							
067	DURABLE MEDICAL EQUIP							
069	CORF							
070	I&R SERVICES-NOT APPR							
071	HOME HEALTH AGENCY							
086	SPEC PURPOSE COST CEN							
086	OTHER ORGAN ACQUISITI							

COST CENTER DESCRIPTION	DATA PROCESSI NG	PURCHASING, R ECEIVING AND	ADMITTING (GROSS CHARGES	CASHIERING/AC COUNTS RECEI (GROSS CHARGES	RECONCIL- IATION	OTHER ADMINIS TRATIVE AND	MAINTENANCE & REPAIRS (SQUARE FEET
		(COSTED EQUIS.	R()	()		(ACCUM. COST)
	6.02	6.03	6.04	6.05	6a.06	6.06	7
092 SPEC PURPOSE COST CEN							
093 AMBULATORY SURGICAL C							
093 HOSPICE							
095 SUBTOTALS		6,345,879	136,528,450	136,528,450	-13,769,167	39,671,527	207,674
096 NONREIMBURS COST CENT							
096 GIFT, FLOWER, COFFEE						3,666	439
096 01 SCHOOL NURSE PROGRAM		751				721,633	
097 RESEARCH							
098 PHYSICIANS' PRIVATE O						68,193	8,541
099 NONPAID WORKERS							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED		57,343	689,087	111,732		13,776,334	
(WRKSHT B, PART I)							
104 UNIT COST MULTIPLIER		.009035		.000818		.340450	
(WRKSHT B, PT I)			.005047				
105 COST TO BE ALLOCATED							
(WRKSHT B, PART II)							
106 UNIT COST MULTIPLIER							
(WRKSHT B, PT II)							
107 COST TO BE ALLOCATED		57,343	34,103	13,718		117,083	
(WRKSHT B, PART III)							
108 UNIT COST MULTIPLIER		.009035		.000100		.002893	
(WRKSHT B, PT III)			.000250				

	COST CENTER DESCRIPTION	OPERATION OF	LAUNDRY & LIN	HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE O	NURSING ADMIN
		PLANT	EN SERVICE				F PERSONNEL	ISTRATION
		(SQUARE FEET	(POUNDS OF) LAUNDRY	(SQUARE) FEET	(MEALS)	(FTE's)	(NUMBER) HOUSED	(DIRECT) SING HRS
		8	9	10	11	12	13	14
001	GENERAL SERVICE COST							
002	OLD CAP REL COSTS-BLD							
003	OLD CAP REL COSTS-MVB							
004	NEW CAP REL COSTS-BLD							
005	NEW CAP REL COSTS-MVB							
006	EMPLOYEE BENEFITS							
006	01 COMMUNICATIONS							
006	02 DATA PROCESSING							
006	03 PURCHASING, RECEIVING							
006	04 ADMITTING							
006	05 CASHIERING/ACCOUNTS R							
006	06 OTHER ADMINISTRATIVE							
007	MAINTENANCE & REPAIRS							
008	OPERATION OF PLANT	187,497						
009	LAUNDRY & LINEN SERVI	300	374,931					
010	HOUSEKEEPING	2,217		184,980				
011	DIETARY	6,177		6,177	59,577			
012	CAFETERIA	2,584		2,584		257		
013	MAINTENANCE OF PERSON							
014	NURSING ADMINISTRATIO					5		185
015	CENTRAL SERVICES & SU	3,356	7,865	3,356		2		
016	PHARMACY	1,418		1,418		7		
017	MEDICAL RECORDS & LIB	4,158		4,158		13		
018	SOCIAL SERVICE							
020	NONPHYSICIAN ANESTHET							
021	NURSING SCHOOL							
022	I&R SERVICES-SALARY &	1,182		1,182		5		
023	I&R SERVICES-OTHER PR							
024	PARAMED ED PRGM							
025	INPAT ROUTINE SRVC CN	18,825	104,302	18,825	26,447	41		41
026	ADULTS & PEDIATRICS	8,479	25,606	8,479	10,182	21		21
027	INTENSIVE CARE UNIT							
028	CORONARY CARE UNIT							
029	BURN INTENSIVE CARE U							
031	SURGICAL INTENSIVE CA							
033	SUBPROVIDER							
033	NURSERY	413		413		8		8
034	SKILLED NURSING FACIL	10,259	81,100	10,259	22,948	22		22
035	NURSING FACILITY							
035	01 ICF/MR							
036	OTHER LONG TERM CARE							
037	ANCILLARY SRVC COST C							
038	OPERATING ROOM	40,070	54,882	40,070		40		40
039	RECOVERY ROOM					2		2
040	DELIVERY ROOM & LABOR	3,427		3,427		1		1
041	ANESTHESIOLOGY							
042	RADIOLOGY-DIAGNOSTIC	16,413	19,008	16,413		23		
043	RADIOLOGY-THERAPEUTIC							
044	RADIOISOTOPE							
045	LABORATORY	5,695		5,695		1		
046	PBP CLINICAL LAB SERV							
047	WHOLE BLOOD & PACKED							
048	BLOOD STORING, PROCES							
049	INTRAVENOUS THERAPY							
050	RESPIRATORY THERAPY	1,089		1,089		7		
051	PHYSICAL THERAPY	16,783	11,602	16,783		5		
052	OCCUPATIONAL THERAPY	243		243		6		
053	SPEECH PATHOLOGY							
054	ELECTROCARDIOLOGY							
054	ELECTROENCEPHALOGRAPH							
055	01 CARDIAC REHAB	933	1,748	933		4		
056	MEDICAL SUPPLIES CHAR							
057	DRUGS CHARGED TO PATI							
058	RENAL DIALYSIS							
060	ASC (NON-DISTINCT PAR							
060	OUTPAT SERVICE COST C							
060	CLINIC	13,053	5,623	13,053		14		14
060	01 HEALTHY FAMILY CLINIC	10,000	1,714	10,000		4		15
060	02 MOBILE MEDICAL UNIT							3
060	03 FAMILY PRACTICE CENTE							
060	04 WOUND CARE CLINIC	6,335	9,526	6,335		8		
061	EMERGENCY	5,108	50,207	5,108		18		18
062	OBSERVATION BEDS (NON							
064	OTHER REIMBURS COST C							
065	HOME PROGRAM DIALYSIS							
066	AMBULANCE SERVICES							
067	DURABLE MEDICAL EQUIP							
069	DURABLE MEDICAL EQUIP							
070	CORF							
071	I&R SERVICES-NOT APPR							
086	HOME HEALTH AGENCY							
	SPEC PURPOSE COST CEN							
	OTHER ORGAN ACQUISITI							

Health Financial Systems MCRIF32 FOR SAINT JOSEPH COMMUNITY HOSPITAL-MISH IN LIEU OF FORM CMS-2552-96(9/1997)CONTD

	I PROVIDER NO:	I PERIOD:	I PREPARED 11/24/2008
COST ALLOCATION - STATISTICAL BASIS	I 15-0029	I FROM 7/ 1/2007	I WORKSHEET B-1
	I	I TO 6/30/2008	I

COST CENTER DESCRIPTION		OPERATION OF PLANT	LAUNDRY & LIN EN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE O F PERSONNEL	NURSING ADMIN ISTRATION
		(SQUARE FEET	(POUNDS OF) LAUNDRY	(SQUARE) FEET	(MEALS)	(FTE's)	(NUMBER) HOUSED	(DIRECT)SING HRS
		8	9	10	11	12	13	14
092	SPEC PURPOSE COST CEN							
093	AMBULATORY SURGICAL C							
093	HOSPICE							
095	SUBTOTALS	178,517	373,183	176,000	59,577	257		185
096	NONREIMBURS COST CENT							
096	GIFT, FLOWER, COFFEE	439		439				
096	01 SCHOOL NURSE PROGRAM							
097	RESEARCH							
098	PHYSICIANS' PRIVATE O	8,541	1,748	8,541				
099	NONPAID WORKERS							
101	CROSS FOOT ADJUSTMENT							
102	NEGATIVE COST CENTER							
103	COST TO BE ALLOCATED	3,039,440	1,051,867	1,127,514	956,389	605,349		711,413
	(WRKSHT B, PART I)							
104	UNIT COST MULTIPLIER		2.805495		16.052990			
	(WRKSHT B, PT I)	16.210606		6.095329		2,355.443580		3,845.475676
105	COST TO BE ALLOCATED							
	(WRKSHT B, PART II)							
106	UNIT COST MULTIPLIER							
	(WRKSHT B, PT II)							
107	COST TO BE ALLOCATED	285,805	5,119	26,023	64,938	26,193		2,334
	(WRKSHT B, PART III)							
108	UNIT COST MULTIPLIER		.013653		1.089984			
	(WRKSHT B, PT III)	1.524318		.140680		101.918288		12.616216

Health Financial Systems		MCRIF32		FOR SAINT JOSEPH COMMUNITY HOSPITAL-MISH IN LIEU OF FORM CMS-2552-96(9/1997)CONTD				
COST ALLOCATION - STATISTICAL BASIS				I PROVIDER NO:	I PERIOD:	I PREPARED 11/24/2008		
				I 15-0029	I FROM 7/ 1/2007	I WORKSHEET B-1		
				I	I TO 6/30/2008	I		
	COST CENTER DESCRIPTION	CENTRAL SERVI CES & SUPPLY	PHARMACY	MEDICAL RECOR DS & LIBRARY	SOCIAL SERVIC E	NONPHYSICIAN ANESTHETISTS	NURSING SCHOO L	I&R SERVICES- SALARY & FRI
		(COSTED EQUIS.	R(COSTED)EQUIS.	R()	GROSS CHARGES	(TIME)SPENT	(ASSIGNED) TIME	(ASSIGNED) TIME
		15	16	17	18	20	21	22
	GENERAL SERVICE COST							
001	OLD CAP REL COSTS-BLD							
002	OLD CAP REL COSTS-MVB							
003	NEW CAP REL COSTS-BLD							
004	NEW CAP REL COSTS-MVB							
005	EMPLOYEE BENEFITS							
006	01 COMMUNICATIONS							
006	02 DATA PROCESSING							
006	03 PURCHASING, RECEIVING							
006	04 ADMITTING							
006	05 CASHIERING/ACCOUNTS R							
006	06 OTHER ADMINISTRATIVE							
007	MAINTENANCE & REPAIRS							
008	OPERATION OF PLANT							
009	LAUNDRY & LINEN SERVI							
010	HOUSEKEEPING							
011	DIETARY							
012	CAFETERIA							
013	MAINTENANCE OF PERSON							
014	NURSING ADMINISTRATIO							
015	CENTRAL SERVICES & SU	6,059,139						
016	PHARMACY		1,252,254					
017	MEDICAL RECORDS & LIB	13,599		136,528,450				
018	SOCIAL SERVICE							
020	NONPHYSICIAN ANESTHET							
021	NURSING SCHOOL							
022	I&R SERVICES-SALARY &							100
023	I&R SERVICES-OTHER PR							
024	PARAMED ED PRGM							
	INPAT ROUTINE SRVC CN							
025	ADULTS & PEDIATRICS	133,059	7,070	9,066,162				
026	INTENSIVE CARE UNIT	63,540	5,318	6,164,819				
027	CORONARY CARE UNIT							
028	BURN INTENSIVE CARE U							
029	SURGICAL INTENSIVE CA							
031	SUBPROVIDER							
033	NURSERY	40,700		890,371				
034	SKILLED NURSING FACIL	42,538	615	2,461,858				
035	NURSING FACILITY							
035	01 ICF/MR							
036	OTHER LONG TERM CARE							
	ANCILLARY SRVC COST C							
037	OPERATING ROOM	3,839,466	94,059	23,733,299				
038	RECOVERY ROOM	6,832		1,057,162				
039	DELIVERY ROOM & LABOR	6,500		1,562,279				
040	ANESTHESIOLOGY							
041	RADIOLOGY-DIAGNOSTIC	918,722	182,608	22,295,494				
042	RADIOLOGY-THERAPEUTIC							
043	RADIOISOTOPE							
044	LABORATORY		2	12,249,528				
045	PBP CLINICAL LAB SERV							
046	WHOLE BLOOD & PACKED							
047	BLOOD STORING, PROCES							
048	INTRAVENOUS THERAPY							
049	RESPIRATORY THERAPY	30,264	80	2,652,401				
050	PHYSICAL THERAPY	23,064	255	4,601,043				
051	OCCUPATIONAL THERAPY	18,592	7	2,462,226				
052	SPEECH PATHOLOGY	1,045		459,096				
053	ELECTROCARDIOLOGY							
054	ELECTROENCEPHALOGRAPH							
054	01 CARDIAC REHAB	18,609	1,407	1,509,107				
055	MEDICAL SUPPLIES CHAR	500,659	18,714	11,318,428				
056	DRUGS CHARGED TO PATI		885,733	12,988,046				
057	RENAL DIALYSIS							
058	ASC (NON-DISTINCT PAR							
	OUTPAT SERVICE COST C							
060	CLINIC	23,373	13,804	1,588,736				
060	01 HEALTHY FAMILY CLINIC	21,252	25,011	1,466,951				
060	02 MOBILE MEDICAL UNIT	3,999	838	128,334				
060	03 FAMILY PRACTICE CENTE							
060	04 WOUND CARE CLINIC	209,619	9,939	4,905,650				
061	EMERGENCY	142,956	4,221	12,967,460				100
062	OBSERVATION BEDS (NON							
	OTHER REIMBURS COST C							
064	HOME PROGRAM DIALYSIS							
065	AMBULANCE SERVICES							
066	DURABLE MEDICAL EQUIP							
067	DURABLE MEDICAL EQUIP							
069	CORF							
070	I&R SERVICES-NOT APPR							
071	HOME HEALTH AGENCY							
	SPEC PURPOSE COST CEN							
086	OTHER ORGAN ACQUISITI							

Health Financial Systems MCRIF32 FOR SAINT JOSEPH COMMUNITY HOSPITAL-MISH IN LIEU OF FORM CMS-2552-96(9/1997)CONTD

	I PROVIDER NO:	I PERIOD:	I PREPARED 11/24/2008
COST ALLOCATION - STATISTICAL BASIS	I 15-0029	I FROM 7/ 1/2007	I WORKSHEET B-1
	I	I TO 6/30/2008	I

COST CENTER DESCRIPTION	CENTRAL SERVI CES & SUPPLY	PHARMACY	MEDICAL RECOR DS & LIBRARY	SOCIAL SERVIC E	NONPHYSICIAN ANESTHETISTS	NURSING SCHOO L	I&R SERVICES- SALARY & FRI	
	(COSTED EQUIS.	R(COSTED)EQUIS.	R()	GROSS CHARGES	(TIME)SPENT	(ASSIGNED) TIME	(ASSIGNED) TIME	(ASSIGNED) TIME
	15	16	17	18	20	21	22	
092 SPEC PURPOSE COST CEN								
093 AMBULATORY SURGICAL C								
093 HOSPICE								
095 SUBTOTALS	6,058,388	1,249,681	136,528,450				100	
096 NONREIMBURS COST CENT								
096 GIFT, FLOWER, COFFEE								
096 01 SCHOOL NURSE PROGRAM	751	2,573						
097 RESEARCH								
098 PHYSICIANS' PRIVATE O								
099 NONPAID WORKERS								
101 CROSS FOOT ADJUSTMENT								
102 NEGATIVE COST CENTER								
103 COST TO BE ALLOCATED	447,019	1,052,636	1,431,651				559,872	
(WRKSHT B, PART I)								
104 UNIT COST MULTIPLIER		.840593						
(WRKSHT B, PT I)	.073776		.010486				5,598.720000	
105 COST TO BE ALLOCATED								
(WRKSHT B, PART II)								
106 UNIT COST MULTIPLIER								
(WRKSHT B, PT II)								
107 COST TO BE ALLOCATED	33,987	66,043	60,399				13,152	
(WRKSHT B, PART III)								
108 UNIT COST MULTIPLIER		.052739						
(WRKSHT B, PT III)	.005609		.000442				131.520000	

COST CENTER DESCRIPTION		I&R SERVICES- PARAMED ED PR OTHER PRGM C GM	
		(ASSIGNED TIME	(ASSIGNED TIME)
		23	24
001	GENERAL SERVICE COST		
002	OLD CAP REL COSTS-BLD		
003	OLD CAP REL COSTS-MVB		
004	NEW CAP REL COSTS-BLD		
005	NEW CAP REL COSTS-MVB		
006	EMPLOYEE BENEFITS		
006 01	COMMUNICATIONS		
006 02	DATA PROCESSING		
006 03	PURCHASING, RECEIVING		
006 04	ADMITTING		
006 05	CASHIERING/ACCOUNTS R		
006 06	OTHER ADMINISTRATIVE		
007	MAINTENANCE & REPAIRS		
008	OPERATION OF PLANT		
009	LAUNDRY & LINEN SERVI		
010	HOUSEKEEPING		
011	DIETARY		
012	CAFETERIA		
013	MAINTENANCE OF PERSON		
014	NURSING ADMINISTRATIO		
015	CENTRAL SERVICES & SU		
016	PHARMACY		
017	MEDICAL RECORDS & LIB		
018	SOCIAL SERVICE		
020	NONPHYSICIAN ANESTHET		
021	NURSING SCHOOL		
022	I&R SERVICES-SALARY &		
023	I&R SERVICES-OTHER PR	100	
024	PARAMED ED PRGM		
025	INPAT ROUTINE SRVC CN		
026	ADULTS & PEDIATRICS		
027	INTENSIVE CARE UNIT		
028	CORONARY CARE UNIT		
029	BURN INTENSIVE CARE U		
031	SURGICAL INTENSIVE CA		
033	SUBPROVIDER		
034	NURSERY		
035	SKILLED NURSING FACIL		
035 01	NURSING FACILITY		
036	ICF/MR		
037	OTHER LONG TERM CARE		
038	ANCILLARY SRVC COST C		
039	OPERATING ROOM		
040	RECOVERY ROOM		
041	DELIVERY ROOM & LABOR		
042	ANESTHESIOLOGY		
043	RADIOLOGY-DIAGNOSTIC		
044	RADIOLOGY-THERAPEUTIC		
045	RADIOISOTOPE		
046	LABORATORY		
047	PBP CLINICAL LAB SERV		
048	WHOLE BLOOD & PACKED		
049	BLOOD STORING, PROCES		
050	INTRAVENOUS THERAPY		
051	RESPIRATORY THERAPY		
052	PHYSICAL THERAPY		
053	OCCUPATIONAL THERAPY		
054	SPEECH PATHOLOGY		
055	ELECTROCARDIOLOGY		
056	ELECTROENCEPHALOGRAPH		
057	01 CARDIAC REHAB		
058	MEDICAL SUPPLIES CHAR		
060	DRUGS CHARGED TO PATI		
061	RENAL DIALYSIS		
062	ASC (NON-DISTINCT PAR		
063	OUTPAT SERVICE COST C		
064	CLINIC		
065	01 HEALTHY FAMILY CLINIC		
066	02 MOBILE MEDICAL UNIT		
067	03 FAMILY PRACTICE CENTE		
068	04 WOUND CARE CLINIC		
069	EMERGENCY	100	
070	OBSERVATION BEDS (NON		
071	OTHER REIMBURS COST C		
072	HOME PROGRAM DIALYSIS		
073	AMBULANCE SERVICES		
074	DURABLE MEDICAL EQUIP		
075	DURABLE MEDICAL EQUIP		
076	CORF		
077	I&R SERVICES-NOT APPR		
078	HOME HEALTH AGENCY		
079	SPEC PURPOSE COST CEN		
080	OTHER ORGAN ACQUISITI		

Health Financial Systems	MCRIF32	FOR SAINT JOSEPH COMMUNITY HOSPITAL-MISH IN LIEU OF FORM CMS-2552-96(9/1997)CONTD	I	PROVIDER NO:	I	PERIOD:	I	PREPARED 11/24/2008
COST ALLOCATION - STATISTICAL BASIS			I	15-0029	I	FROM 7/ 1/2007	I	WORKSHEET B-1
			I		I	TO 6/30/2008	I	

COST CENTER		I&R SERVICES- PARAMED ED PR	
DESCRIPTION		OTHER PRGM C GM	
		(ASSIGNED TIME	(ASSIGNED TIME)
		23	24
	SPEC PURPOSE COST CEN		
092	AMBULATORY SURGICAL C		
093	HOSPICE		
095	SUBTOTALS	100	
	NONREIMBURS COST CENT		
096	GIFT, FLOWER, COFFEE		
096 01	SCHOOL NURSE PROGRAM		
097	RESEARCH		
098	PHYSICIANS' PRIVATE O		
099	NONPAID WORKERS		
101	CROSS FOOT ADJUSTMENT		
102	NEGATIVE COST CENTER		
103	COST TO BE ALLOCATED		
	(PER WRKSHT B, PART		
104	UNIT COST MULTIPLIER		
	(WRKSHT B, PT I)		
105	COST TO BE ALLOCATED		
	(PER WRKSHT B, PART		
106	UNIT COST MULTIPLIER		
	(WRKSHT B, PT II)		
107	COST TO BE ALLOCATED		
	(PER WRKSHT B, PART		
108	UNIT COST MULTIPLIER		
	(WRKSHT B, PT III)		

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	7,657,171		7,657,171			
26	INTENSIVE CARE UNIT	6,164,819		6,164,819			
27	CORONARY CARE UNIT						
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
31	SUBPROVIDER						
33	NURSERY	890,371		890,371			
34	SKILLED NURSING FACILITY	2,461,858		2,461,858			
35	NURSING FACILITY						
35	01 ICF/MR						
36	OTHER LONG TERM CARE						
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	6,084,681	17,648,618	23,733,299	.385396	.385396	.385704
38	RECOVERY ROOM	488,774	568,388	1,057,162	.316560	.316560	.316560
39	DELIVERY ROOM & LABOR ROO	1,562,279		1,562,279	.228478	.228478	.228478
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC	5,796,905	16,498,589	22,295,494	.238273	.238273	.238273
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE						
44	LABORATORY	3,743,684	8,505,844	12,249,528	.310346	.310346	.310346
45	PBP CLINICAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED						
47	BLOOD STORING, PROCESSING						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY	2,013,532	638,869	2,652,401	.330952	.330952	.330952
50	PHYSICAL THERAPY	2,555,137	2,045,906	4,601,043	.477485	.477485	.477485
51	OCCUPATIONAL THERAPY	1,812,352	649,874	2,462,226	.334482	.334482	.334482
52	SPEECH PATHOLOGY	400,219	58,877	459,096	.150136	.150136	.150136
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
54	01 CARDIAC REHAB	526,567	982,540	1,509,107	.336061	.336061	.336061
55	MEDICAL SUPPLIES CHARGED	4,210,703	7,107,725	11,318,428	.437224	.437224	.437224
56	DRUGS CHARGED TO PATIENTS	9,243,568	3,744,478	12,988,046	.171183	.171183	.171183
57	RENAL DIALYSIS						
58	ASC (NON-DISTINCT PART)						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC		1,588,736	1,588,736	1.259262	1.259262	1.259262
60	01 HEALTHY FAMILY CLINIC		1,466,951	1,466,951	.763037	.763037	.765227
60	02 MOBILE MEDICAL UNIT		128,334	128,334	3.183163	3.183163	3.186054
60	03 FAMILY PRACTICE CENTER						
60	04 WOUND CARE CLINIC	79,547	4,826,103	4,905,650	.537871	.537871	.537871
61	EMERGENCY	1,064,417	11,903,043	12,967,460	.227727	.227727	.229827
62	OBSERVATION BEDS (NON-DIS	58,004	1,350,987	1,408,991			
	OTHER REIMBURS COST CNTRS						
64	HOME PROGRAM DIALYSIS						
65	AMBULANCE SERVICES						
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
101	SUBTOTAL	56,814,588	79,713,862	136,528,450			
102	LESS OBSERVATION BEDS						
103	TOTAL	56,814,588	79,713,862	136,528,450			

WKST LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL		NEW CAPITAL			
		CAPITAL REL COST (B, II) 1	SWING BED ADJUSTMENT 2	REDUCED CAP RELATED COST 3	CAPITAL REL COST (B, III) 4	SWING BED ADJUSTMENT 5	REDUCED CAP RELATED COST 6
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS				310,955		310,955
26	INTENSIVE CARE UNIT				117,399		117,399
27	CORONARY CARE UNIT						
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
31	SUBPROVIDER						
33	NURSERY				9,170		9,170
101	TOTAL				437,524		437,524

WKST A	COST CENTER DESCRIPTION	TOTAL	INPATIENT	OLD CAPITAL	INPAT PROGRAM	NEW CAPITAL	INPAT PROGRAM
LINE NO.		PATIENT DAYS	PROGRAM DAYS	PER DIEM	OLD CAP CST	PER DIEM	NEW CAP CST
		7	8	9	10	11	12
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	7,202	4,298			43.18	185,588
26	INTENSIVE CARE UNIT	2,773	795			42.34	33,660
27	CORONARY CARE UNIT						
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
31	SUBPROVIDER						
33	NURSERY	1,002				9.15	
101	TOTAL	10,977	5,093				219,248

WKST A	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST	NEW CAPITAL RELATED COST	TOTAL CHARGES	INPAT PROGRAM CHARGES	OLD CAPITAL CST/CHRG RATIO	COSTS
LINE NO.		1	2	3	4	5	6
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM		753,707	23,733,299	2,995,488		
38	RECOVERY ROOM		1,896	1,057,162	251,248		
39	DELIVERY ROOM & LABOR ROO		35,101	1,562,279			
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC		622,182	22,295,494	2,856,890		
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE						
44	LABORATORY		153,947	12,249,528	1,947,825		
45	PBP CLINICAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED						
47	BLOOD STORING, PROCESSING						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY		41,024	2,652,401	1,067,337		
50	PHYSICAL THERAPY		176,265	4,601,043	259,752		
51	OCCUPATIONAL THERAPY		8,450	2,462,226	118,748		
52	SPEECH PATHOLOGY		4,467	459,096	25,515		
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
54	01 CARDIAC REHAB		27,841	1,509,107			
55	MEDICAL SUPPLIES CHARGED		34,259	11,318,428	2,330,289		
56	DRUGS CHARGED TO PATIENTS		59,899	12,988,046	3,682,763		
57	RENAL DIALYSIS						
58	ASC (NON-DISTINCT PART)						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC		142,909	1,588,736			
60	01 HEALTHY FAMILY CLINIC		110,781	1,466,951			
60	02 MOBILE MEDICAL UNIT		1,148	128,334			
60	03 FAMILY PRACTICE CENTER						
60	04 WOUND CARE CLINIC		83,264	4,905,650	15,288		
61	EMERGENCY		97,662	12,967,460	398,269		
62	OBSERVATION BEDS (NON-DIS			1,408,991	58,004		
	OTHER REIMBURS COST CNTRS						
64	HOME PROGRAM DIALYSIS						
65	AMBULANCE SERVICES						
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
101	TOTAL		2,354,802	119,354,231	16,007,416		

Health Financial Systems MCRIF32 FOR SAINT JOSEPH COMMUNITY HOSPITAL-MISH IN LIEU OF FORM CMS-2552-96(09/1996) CONTD
 APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS I PROVIDER NO: I PERIOD: I PREPARED 11/24/2008
 I 15-0029 I FROM 7/ 1/2007 I WORKSHEET D
 I COMPONENT NO: I TO 6/30/2008 I PART II
 I 15-0029 I

TITLE XVIII, PART A		HOSPITAL	
WKST A	COST CENTER DESCRIPTION	NEW CAPITAL	
LINE NO.		CST/CHRG RATIO	COSTS
		7	8
	ANCILLARY SRVC COST CNTRS		
37	OPERATING ROOM	.031757	95,128
38	RECOVERY ROOM	.001793	450
39	DELIVERY ROOM & LABOR ROO	.022468	
40	ANESTHESIOLOGY		
41	RADIOLOGY-DIAGNOSTIC	.027906	79,724
42	RADIOLOGY-THERAPEUTIC		
43	RADIOISOTOPE		
44	LABORATORY	.012568	24,480
45	PBP CLINICAL LAB SERVICES		
46	WHOLE BLOOD & PACKED RED		
47	BLOOD STORING, PROCESSING		
48	INTRAVENOUS THERAPY		
49	RESPIRATORY THERAPY	.015467	16,509
50	PHYSICAL THERAPY	.038310	9,951
51	OCCUPATIONAL THERAPY	.003432	408
52	SPEECH PATHOLOGY	.009730	248
53	ELECTROCARDIOLOGY		
54	ELECTROENCEPHALOGRAPHY		
54 01	CARDIAC REHAB	.018449	
55	MEDICAL SUPPLIES CHARGED	.003027	7,054
56	DRUGS CHARGED TO PATIENTS	.004612	16,985
57	RENAL DIALYSIS		
58	ASC (NON-DISTINCT PART)		
	OUTPAT SERVICE COST CNTRS		
60	CLINIC	.089951	
60 01	HEALTHY FAMILY CLINIC	.075518	
60 02	MOBILE MEDICAL UNIT	.008945	
60 03	FAMILY PRACTICE CENTER		
60 04	WOUND CARE CLINIC	.016973	259
61	EMERGENCY	.007531	2,999
62	OBSERVATION BEDS (NON-DIS		
	OTHER REIMBURS COST CNTRS		
64	HOME PROGRAM DIALYSIS		
65	AMBULANCE SERVICES		
66	DURABLE MEDICAL EQUIP-REN		
67	DURABLE MEDICAL EQUIP-SOL		
101	TOTAL		254,195

PPS

Health Financial Systems MCRIF32 FOR SAINT JOSEPH COMMUNITY HOSPITAL-MISH IN LIEU OF FORM CMS-2552-96(11/1998)

APPORTIONMENT OF INPATIENT ROUTINE I PROVIDER NO: I PERIOD: I PREPARED 11/24/2008

SERVICE OTHER PASS THROUGH COSTS I 15-0029 I FROM 7/ 1/2007 I WORKSHEET D

TITLE XVIII, PART A I TO 6/30/2008 I PART III

PPS

WKST A	COST CENTER DESCRIPTION	NONPHYSICIAN	MED EDUCATN	SWING BED	TOTAL	TOTAL	PER DIEM
LINE NO.		ANESTHETIST	COST	ADJ AMOUNT	COSTS	PATIENT DAYS	
		1	2	3	4	5	6
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS					7,202	
26	INTENSIVE CARE UNIT					2,773	
27	CORONARY CARE UNIT						
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
31	SUBPROVIDER						
33	NURSERY					1,002	
34	SKILLED NURSING FACILITY					6,249	
35	NURSING FACILITY						
35 01	ICF/MR						
101	TOTAL					17,226	

Health Financial Systems	MCRIF32	FOR SAINT JOSEPH COMMUNITY	HOSPITAL-MISH IN LIEU OF FORM CMS-2552-96 (11/1998)
APPORTIONMENT OF INPATIENT ROUTINE		I PROVIDER NO:	I PERIOD: I PREPARED 11/24/2008
SERVICE OTHER PASS THROUGH COSTS		I 15-0029	I FROM 7/ 1/2007 I WORKSHEET D
TITLE XVIII, PART A		I	I TO 6/30/2008 I PART III

WKST A	COST CENTER DESCRIPTION	INPATIENT	INPAT PROGRAM
LINE NO.		PROG DAYS	PASS THRU COST
		7	8
25	ADULTS & PEDIATRICS		4,298
26	INTENSIVE CARE UNIT		795
27	CORONARY CARE UNIT		
28	BURN INTENSIVE CARE UNIT		
29	SURGICAL INTENSIVE CARE U		
31	SUBPROVIDER		
33	NURSERY		
34	SKILLED NURSING FACILITY	5,069	
35	NURSING FACILITY		
35 01	ICF/MR		
101	TOTAL		10,162

Health Financial Systems MCRIF32 FOR SAINT JOSEPH COMMUNITY HOSPITAL-MISH IN LIEU OF FORM CMS-2552-96(04/2005)
 APPORTIONMENT OF INPATIENT ANCILLARY SERVICE I PROVIDER NO: I PERIOD: I PREPARED 11/24/2008
 OTHER PASS THROUGH COSTS I 15-0029 I FROM 7/ 1/2007 I WORKSHEET D
 I COMPONENT NO: I TO 6/30/2008 I PART IV
 I 15-0029 I

TITLE XVIII, PART A		HOSPITAL		PPS			
WKST A	COST CENTER DESCRIPTION	NONPHYSICIAN		MED ED NRS	MED ED ALLIED	MED ED ALL	BLOOD CLOT FOR
LINE NO.		ANESTHETIST		SCHOOL COST	HEALTH COST	OTHER COSTS	HEMOPHILIACS
		1	1.01	2	2.01	2.02	2.03
37	ANCILLARY SRVC COST CNTRS						
38	OPERATING ROOM						
39	RECOVERY ROOM						
40	DELIVERY ROOM & LABOR ROO						
41	ANESTHESIOLOGY						
42	RADIOLOGY-DIAGNOSTIC						
43	RADIOLOGY-THERAPEUTIC						
44	RADIOISOTOPE						
45	LABORATORY						
46	PBP CLINICAL LAB SERVICES						
47	WHOLE BLOOD & PACKED RED						
48	BLOOD STORING, PROCESSING						
49	INTRAVENOUS THERAPY						
50	RESPIRATORY THERAPY						
51	PHYSICAL THERAPY						
52	OCCUPATIONAL THERAPY						
53	SPEECH PATHOLOGY						
54	ELECTROCARDIOLOGY						
54	01 ELECTROENCEPHALOGRAPHY						
55	01 CARDIAC REHAB						
56	MEDICAL SUPPLIES CHARGED						
57	DRUGS CHARGED TO PATIENTS						
58	RENAL DIALYSIS						
60	ASC (NON-DISTINCT PART)						
60	01 OUTPAT SERVICE COST CNTRS						
60	02 CLINIC						
60	01 HEALTHY FAMILY CLINIC						
60	02 MOBILE MEDICAL UNIT						
60	03 FAMILY PRACTICE CENTER						
60	04 WOUND CARE CLINIC						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
64	OTHER REIMBURS COST CNTRS						
65	HOME PROGRAM DIALYSIS						
66	AMBULANCE SERVICES						
67	DURABLE MEDICAL EQUIP-REN						
101	DURABLE MEDICAL EQUIP-SOL						
	TOTAL						

TITLE XVIII, PART A		HOSPITAL		PPS					
WKST A	COST CENTER DESCRIPTION	TOTAL	O/P PASS THRU	TOTAL	RATIO OF COST O/P RATIO OF	INPAT PROG	INPAT PROG		
LINE NO.		COSTS	COSTS	CHARGES	TO CHARGES CST TO CHARGES	CHARGE	PASS THRU COST		
		3	3.01	4	5	6	7		
	ANCILLARY SRVC COST CNTRS								
37	OPERATING ROOM			23,733,299		2,995,488			
38	RECOVERY ROOM			1,057,162		251,248			
39	DELIVERY ROOM & LABOR ROO			1,562,279					
40	ANESTHESIOLOGY								
41	RADIOLOGY-DIAGNOSTIC			22,295,494		2,856,890			
42	RADIOLOGY-THERAPEUTIC								
43	RADIOISOTOPE								
44	LABORATORY			12,249,528		1,947,825			
45	PBP CLINICAL LAB SERVICES								
46	WHOLE BLOOD & PACKED RED								
47	BLOOD STORING, PROCESSING								
48	INTRAVENOUS THERAPY								
49	RESPIRATORY THERAPY			2,652,401		1,067,337			
50	PHYSICAL THERAPY			4,601,043		259,752			
51	OCCUPATIONAL THERAPY			2,462,226		118,748			
52	SPEECH PATHOLOGY			459,096		25,515			
53	ELECTROCARDIOLOGY								
54	ELECTROENCEPHALOGRAPHY								
54 01	CARDIAC REHAB			1,509,107					
55	MEDICAL SUPPLIES CHARGED			11,318,428		2,330,289			
56	DRUGS CHARGED TO PATIENTS			12,988,046		3,682,763			
57	RENAL DIALYSIS								
58	ASC (NON-DISTINCT PART)								
	OUTPAT SERVICE COST CNTRS								
60	CLINIC			1,588,736					
60 01	HEALTHY FAMILY CLINIC			1,466,951					
60 02	MOBILE MEDICAL UNIT			128,334					
60 03	FAMILY PRACTICE CENTER								
60 04	WOUND CARE CLINIC			4,905,650		15,288			
61	EMERGENCY			12,967,460		398,269			
62	OBSERVATION BEDS (NON-DIS			1,408,991		58,004			
	OTHER REIMBURS COST CNTRS								
64	HOME PROGRAM DIALYSIS								
65	AMBULANCE SERVICES								
66	DURABLE MEDICAL EQUIP-REN								
67	DURABLE MEDICAL EQUIP-SOL								
101	TOTAL			119,354,231		16,007,416			

TITLE XVIII, PART A		HOSPITAL		PPS					
WKST A	COST CENTER DESCRIPTION	OUTPAT PROG	OUTPAT PROG	OUTPAT PROG	OUTPAT PROG	COL 8.01	COL 8.02		
LINE NO.		CHARGES	D,V COL 5.03	D,V COL 5.04	PASS THRU COST	* COL 5	* COL 5		
		8	8.01	8.02	9	9.01	9.02		
	ANCILLARY SRVC COST CNTRS								
37	OPERATING ROOM	2,638,383		2,399,720					
38	RECOVERY ROOM	89,145		98,400					
39	DELIVERY ROOM & LABOR ROO								
40	ANESTHESIOLOGY								
41	RADIOLOGY-DIAGNOSTIC	484,204		325,435					
42	RADIOLOGY-THERAPEUTIC								
43	RADIOISOTOPE								
44	LABORATORY	52,688		27,963					
45	PBP CLINICAL LAB SERVICES								
46	WHOLE BLOOD & PACKED RED								
47	BLOOD STORING, PROCESSING								
48	INTRAVENOUS THERAPY								
49	RESPIRATORY THERAPY	74,932		63,529					
50	PHYSICAL THERAPY	143		185,128					
51	OCCUPATIONAL THERAPY	1,215							
52	SPEECH PATHOLOGY								
53	ELECTROCARDIOLOGY								
54	ELECTROENCEPHALOGRAPHY	99,836		150,219					
54	01 CARDIAC REHAB								
55	MEDICAL SUPPLIES CHARGED	24,183		20,410					
56	DRUGS CHARGED TO PATIENTS	210,665		217,419					
57	RENAL DIALYSIS								
58	ASC (NON-DISTINCT PART)								
	OUTPAT SERVICE COST CNTRS								
60	CLINIC								
60	01 HEALTHY FAMILY CLINIC								
60	02 MOBILE MEDICAL UNIT								
60	03 FAMILY PRACTICE CENTER								
60	04 WOUND CARE CLINIC	1,304,491		1,193,205					
61	EMERGENCY	345,934		321,099					
62	OBSERVATION BEDS (NON-DIS	117,734		90,475					
	OTHER REIMBURS COST CNTRS								
64	HOME PROGRAM DIALYSIS								
65	AMBULANCE SERVICES								
66	DURABLE MEDICAL EQUIP-REN								
67	DURABLE MEDICAL EQUIP-SOL								
101	TOTAL	5,443,553		5,093,002					

TITLE XVIII, PART B

HOSPITAL

		Cost/Charge Ratio (C, Pt I, col. 9)	Cost/Charge Ratio (C, Pt II, col. 9)	Outpatient Ambulatory Surgical Ctr	Outpatient Radiology	Other Outpatient Diagnostic
Cost Center Description	1	1.02	2	3	4	
(A) ANCILLARY SRVC COST CNTRS						
37 OPERATING ROOM	.385396	.385396				
38 RECOVERY ROOM	.316560	.316560				
39 DELIVERY ROOM & LABOR ROOM	.228478	.228478				
40 ANESTHESIOLOGY						
41 RADIOLOGY-DIAGNOSTIC	.238273	.238273				
42 RADIOLOGY-THERAPEUTIC						
43 RADIOISOTOPE						
44 LABORATORY	.310346	.310346				
45 PBP CLINICAL LAB SERVICES-PRGM ONLY						
46 WHOLE BLOOD & PACKED RED BLOOD CELLS						
47 BLOOD STORING, PROCESSING & TRANS.						
48 INTRAVENOUS THERAPY						
49 RESPIRATORY THERAPY	.330952	.330952				
50 PHYSICAL THERAPY	.477485	.477485				
51 OCCUPATIONAL THERAPY	.334482	.334482				
52 SPEECH PATHOLOGY	.150136	.150136				
53 ELECTROCARDIOLOGY						
54 ELECTROENCEPHALOGRAPHY						
54 01 CARDIAC REHAB	.336061	.336061				
55 MEDICAL SUPPLIES CHARGED TO PATIENTS	.437224	.437224				
56 DRUGS CHARGED TO PATIENTS	.171183	.171183				
57 RENAL DIALYSIS						
58 ASC (NON-DISTINCT PART)						
OUTPAT SERVICE COST CNTRS						
60 CLINIC	1.259262	1.259262				
60 01 HEALTHY FAMILY CLINIC	.763037	.763037				
60 02 MOBILE MEDICAL UNIT	3.183163	3.183163				
60 03 FAMILY PRACTICE CENTER						
60 04 WOUND CARE CLINIC	.537871	.537871				
61 EMERGENCY	.227727	.227727				
62 OBSERVATION BEDS (NON-DISTINCT PART)						
OTHER REIMBURS COST CNTRS						
64 HOME PROGRAM DIALYSIS						
65 AMBULANCE SERVICES						
66 DURABLE MEDICAL EQUIP-RENTED						
67 DURABLE MEDICAL EQUIP-SOLD						
101 SUBTOTAL						
102 CRNA CHARGES						
103 LESS PBP CLINIC LAB SVCS-						
PROGRAM ONLY CHARGES						
104 NET CHARGES						

(A) WORKSHEET A LINE NUMBERS

(1) REPORT NON HOSPITAL AND NON SUBPROVIDER COMPONENTS COST FOR THE PERIOD HERE (SEE INSTRUCTIONS)

TITLE XVIII, PART B		HOSPITAL				
		All Other (1)	PPS Services FYB to 12/31	Non-PPS Services	PPS Services 1/1 to FYE	Outpatient Ambulatory Surgical Ctr
Cost Center Description		5	5.01	5.02	5.03	6
(A)	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM		2,638,383		2,399,720	
38	RECOVERY ROOM		89,145		98,400	
39	DELIVERY ROOM & LABOR ROOM					
40	ANESTHESIOLOGY					
41	RADIOLOGY-DIAGNOSTIC		484,204		325,435	
42	RADIOLOGY-THERAPEUTIC					
43	RADIOISOTOPE					
44	LABORATORY		52,688		27,963	
45	PBP CLINICAL LAB SERVICES-PRGM ONLY					
46	WHOLE BLOOD & PACKED RED BLOOD CELLS					
47	BLOOD STORING, PROCESSING & TRANS.					
48	INTRAVENOUS THERAPY					
49	RESPIRATORY THERAPY		74,932		63,529	
50	PHYSICAL THERAPY		143		185,128	
51	OCCUPATIONAL THERAPY		1,215			
52	SPEECH PATHOLOGY					
53	ELECTROCARDIOLOGY					
54	ELECTROENCEPHALOGRAPHY		99,836		150,219	
54	01 CARDIAC REHAB					
55	MEDICAL SUPPLIES CHARGED TO PATIENTS		24,183	29,213	20,410	
56	DRUGS CHARGED TO PATIENTS		210,665	11,149	217,419	
57	RENAL DIALYSIS					
58	ASC (NON-DISTINCT PART)					
	OUTPAT SERVICE COST CNTRS					
60	CLINIC					
60	01 HEALTHY FAMILY CLINIC					
60	02 MOBILE MEDICAL UNIT					
60	03 FAMILY PRACTICE CENTER					
60	04 WOUND CARE CLINIC		1,304,491	8,748	1,193,205	
61	EMERGENCY		345,934		321,099	
62	OBSERVATION BEDS (NON-DISTINCT PART)		117,734		90,475	
	OTHER REIMBURS COST CNTRS					
64	HOME PROGRAM DIALYSIS					
65	AMBULANCE SERVICES					
66	DURABLE MEDICAL EQUIP-RENTED					
67	DURABLE MEDICAL EQUIP-SOLD					
101	SUBTOTAL		5,443,553	49,110	5,093,002	
102	CRNA CHARGES					
103	LESS PBP CLINIC LAB SVCS- PROGRAM ONLY CHARGES					
104	NET CHARGES		5,443,553	49,110	5,093,002	

(A) WORKSHEET A LINE NUMBERS

(1) REPORT NON HOSPITAL AND NON SUBPROVIDER COMPONENTS COST FOR THE PERIOD HERE (SEE INSTRUCTIONS)

TITLE XVIII, PART B		HOSPITAL					
		Outpatient Radiology	Other Outpatient Diagnostic	All Other	PPS Services FYB to 12/31	Non-PPS Services	
Cost Center Description		7	8	9	9.01	9.02	
(A)	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM				1,016,822		
38	RECOVERY ROOM				28,220		
39	DELIVERY ROOM & LABOR ROOM						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC				115,373		
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE						
44	LABORATORY				16,352		
45	PBP CLINICAL LAB SERVICES-PRGM ONLY						
46	WHOLE BLOOD & PACKED RED BLOOD CELLS						
47	BLOOD STORING, PROCESSING & TRANS.						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY				24,799		
50	PHYSICAL THERAPY				68		
51	OCCUPATIONAL THERAPY				406		
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
54	01 CARDIAC REHAB						
55	MEDICAL SUPPLIES CHARGED TO PATIENTS				10,573		12,773
56	DRUGS CHARGED TO PATIENTS				36,062		1,909
57	RENAL DIALYSIS						
58	ASC (NON-DISTINCT PART)						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60	01 HEALTHY FAMILY CLINIC						
60	02 MOBILE MEDICAL UNIT						
60	03 FAMILY PRACTICE CENTER						
60	04 WOUND CARE CLINIC				701,648		4,705
61	EMERGENCY				78,779		
62	OBSERVATION BEDS (NON-DISTINCT PART)						
	OTHER REIMBURS COST CNTRS						
64	HOME PROGRAM DIALYSIS						
65	AMBULANCE SERVICES						
66	DURABLE MEDICAL EQUIP-RENTED						
67	DURABLE MEDICAL EQUIP-SOLD						
101	SUBTOTAL				2,029,102		19,387
102	CRNA CHARGES						
103	LESS PBP CLINIC LAB SVCS-						
	PROGRAM ONLY CHARGES						
104	NET CHARGES				2,029,102		19,387

(A) WORKSHEET A LINE NUMBERS

(1) REPORT NON HOSPITAL AND NON SUBPROVIDER COMPONENTS COST FOR THE PERIOD HERE (SEE INSTRUCTIONS)

Cost Center Description

9.03

924,842
31,150

77,542

8,678

21,025
88,396

8,924
37,218

641,790
73,123

912,688

912,688

10

11

(1) REPORT NON HOSPITAL AND NON SUBPROVIDER COMPONENTS COST FOR THE PERIOD HERE (SEE INSTRUCTIONS)

Health Financial Systems MCRIF32 FOR SAINT JOSEPH COMMUNITY HOSPITAL-MISH IN LIEU OF FORM CMS-2552-96(09/1996)

I PROVIDER NO: I PERIOD: I PREPARED 11/24/2008

I 15-0029 I FROM 7/ 1/2007 I WORKSHEET D

I COMPONENT NO: I TO 6/30/2008 I PART II

I 15-5460 I I

TITLE XVIII, PART A		SKILLED NURSING FACILITY			PPS		
WKST A	COST CENTER DESCRIPTION	OLD CAPITAL	NEW CAPITAL	TOTAL	INPAT PROGRAM	OLD CAPITAL	
LINE NO.		RELATED COST	RELATED COST	CHARGES	CHARGES	CST/CHRG RATIO	COSTS
		1	2	3	4	5	6
37	ANCILLARY SRVC COST CNTRS						
38	OPERATING ROOM						
39	RECOVERY ROOM						
40	DELIVERY ROOM & LABOR ROO						
41	ANESTHESIOLOGY						
42	RADIOLOGY-DIAGNOSTIC						
43	RADIOLOGY-THERAPEUTIC						
44	RADIOISOTOPE						
45	LABORATORY						
46	PBP CLINICAL LAB SERVICES						
47	WHOLE BLOOD & PACKED RED						
48	BLOOD STORING, PROCESSING						
49	INTRAVENOUS THERAPY						
50	RESPIRATORY THERAPY						
51	PHYSICAL THERAPY						
52	OCCUPATIONAL THERAPY						
53	SPEECH PATHOLOGY						
54	ELECTROCARDIOLOGY						
54	01 ELECTROENCEPHALOGRAPHY						
55	01 CARDIAC REHAB						
56	MEDICAL SUPPLIES CHARGED						
57	DRUGS CHARGED TO PATIENTS						
58	RENAL DIALYSIS						
60	ASC (NON-DISTINCT PART)						
60	OUTPAT SERVICE COST CNTRS						
60	01 CLINIC						
60	02 HEALTHY FAMILY CLINIC						
60	03 MOBILE MEDICAL UNIT						
60	04 FAMILY PRACTICE CENTER						
61	04 WOUND CARE CLINIC						
62	EMERGENCY						
64	OBSERVATION BEDS (NON-DIS						
65	OTHER REIMBURS COST CNTRS						
66	HOME PROGRAM DIALYSIS						
67	AMBULANCE SERVICES						
101	DURABLE MEDICAL EQUIP-REN						
	DURABLE MEDICAL EQUIP-SOL						
	TOTAL						

WKST A	COST CENTER DESCRIPTION	NEW CAPITAL
LINE NO.	CST/CHRG	RATIO COSTS
	7	8

Health Financial Systems MCRIF32 FOR SAINT JOSEPH COMMUNITY HOSPITAL-MISH IN LIEU OF FORM CMS-2552-96(04/2005)
 APPORTIONMENT OF INPATIENT ANCILLARY SERVICE I PROVIDER NO: I PERIOD: I PREPARED 11/24/2008
 OTHER PASS THROUGH COSTS I 15-0029 I FROM 7/ 1/2007 I WORKSHEET D
 I COMPONENT NO: I TO 6/30/2008 I PART IV
 I 15-5460 I I

TITLE XVIII, PART A SKILLED NURSING FACILITY PPS

WKST A	COST CENTER DESCRIPTION	NONPHYSICIAN		MED ED NRS	MED ED ALLIED	MED ED ALL	BLOOD CLOT FOR
LINE NO.		ANESTHETIST		SCHOOL COST	HEALTH COST	OTHER COSTS	HEMOPHILIACS
		1	1.01	2	2.01	2.02	2.03
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM						
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE						
44	LABORATORY						
45	PBP CLINICAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED						
47	BLOOD STORING, PROCESSING						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
54 01	CARDIAC REHAB						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
57	RENAL DIALYSIS						
58	ASC (NON-DISTINCT PART)						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60 01	HEALTHY FAMILY CLINIC						
60 02	MOBILE MEDICAL UNIT						
60 03	FAMILY PRACTICE CENTER						
60 04	WOUND CARE CLINIC						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
64	HOME PROGRAM DIALYSIS						
65	AMBULANCE SERVICES						
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
101	TOTAL						

Health Financial Systems MCRIF32 FOR SAINT JOSEPH COMMUNITY HOSPITAL-MISH IN LIEU OF FORM CMS-2552-96(04/2005) CONTD
 APPORTIONMENT OF INPATIENT ANCILLARY SERVICE I PROVIDER NO: I PERIOD: I PREPARED 11/24/2008
 OTHER PASS THROUGH COSTS I 15-0029 I FROM 7/ 1/2007 I WORKSHEET D
 I COMPONENT NO: I TO 6/30/2008 I PART IV
 I 15-5460 I I

TITLE XVIII, PART A		SKILLED NURSING FACILITY			PPS			
WKST A	COST CENTER DESCRIPTION	TOTAL COSTS	O/P PASS THRU COSTS	TOTAL CHARGES	RATIO OF COST TO CHARGES	O/P RATIO OF CST TO CHARGES	INPAT PROG CHARGE	INPAT PROG PASS THRU COST
LINE NO.		3	3.01	4	5	5.01	6	7
	ANCILLARY SRVC COST CNTRS							
37	OPERATING ROOM			23,733,299				
38	RECOVERY ROOM			1,057,162				
39	DELIVERY ROOM & LABOR ROO			1,562,279				
40	ANESTHESIOLOGY							
41	RADIOLOGY-DIAGNOSTIC			22,295,494			87,217	
42	RADIOLOGY-THERAPEUTIC							
43	RADIOISOTOPE							
44	LABORATORY			12,249,528			280,107	
45	PBP CLINICAL LAB SERVICES							
46	WHOLE BLOOD & PACKED RED							
47	BLOOD STORING, PROCESSING							
48	INTRAVENOUS THERAPY							
49	RESPIRATORY THERAPY			2,652,401			242,292	
50	PHYSICAL THERAPY			4,601,043			994,851	
51	OCCUPATIONAL THERAPY			2,462,226			852,620	
52	SPEECH PATHOLOGY			459,096			86,665	
53	ELECTROCARDIOLOGY							
54	ELECTROENCEPHALOGRAPHY							
54 01	CARDIAC REHAB			1,509,107				
55	MEDICAL SUPPLIES CHARGED			11,318,428			3,183	
56	DRUGS CHARGED TO PATIENTS			12,988,046			1,021,036	
57	RENAL DIALYSIS							
58	ASC (NON-DISTINCT PART)							
	OUTPAT SERVICE COST CNTRS							
60	CLINIC			1,588,736				
60 01	HEALTHY FAMILY CLINIC			1,466,951				
60 02	MOBILE MEDICAL UNIT			128,334				
60 03	FAMILY PRACTICE CENTER							
60 04	WOUND CARE CLINIC			4,905,650				
61	EMERGENCY			12,967,460				
62	OBSERVATION BEDS (NON-DIS			1,408,991				
	OTHER REIMBURS COST CNTRS							
64	HOME PROGRAM DIALYSIS							
65	AMBULANCE SERVICES							
66	DURABLE MEDICAL EQUIP-REN							
67	DURABLE MEDICAL EQUIP-SOL							
101	TOTAL			119,354,231			3,567,971	

Health Financial Systems MCRIF32 FOR SAINT JOSEPH COMMUNITY HOSPITAL-MISH IN LIEU OF FORM CMS-2552-96(04/2005) CONTD
 APPORTIONMENT OF INPATIENT ANCILLARY SERVICE I PROVIDER NO: I PERIOD: I PREPARED 11/24/2008
 OTHER PASS THROUGH COSTS I 15-0029 I FROM 7/ 1/2007 I WORKSHEET D
 I COMPONENT NO: I TO 6/30/2008 I PART IV
 I 15-5460 I

TITLE XVIII, PART A

SKILLED NURSING FACILITY

PPS

WKST A	COST CENTER DESCRIPTION	OUTPAT PROG	OUTPAT PROG	OUTPAT PROG	OUTPAT PROG	COL 8.01	COL 8.02
LINE NO.		CHARGES	D,V COL 5.03	D,V COL 5.04	PASS THRU COST	* COL 5	* COL 5
		8	8.01	8.02	9	9.01	9.02
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM						
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE						
44	LABORATORY						
45	PBP CLINICAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED						
47	BLOOD STORING, PROCESSING						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
54 01	CARDIAC REHAB						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
57	RENAL DIALYSIS						
58	ASC (NON-DISTINCT PART)						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60 01	HEALTHY FAMILY CLINIC						
60 02	MOBILE MEDICAL UNIT						
60 03	FAMILY PRACTICE CENTER						
60 04	WOUND CARE CLINIC						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
64	HOME PROGRAM DIALYSIS						
65	AMBULANCE SERVICES						
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
101	TOTAL						

TITLE XVIII PART A HOSPITAL PPS

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	7,202
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	7,202
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	7,202
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
7	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
8	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
9	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	4,298
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLE V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)	
15	TOTAL NURSERY DAYS (TITLE V OR XIX ONLY)	
16	NURSERY DAYS (TITLE V OR XIX ONLY)	

SWING-BED ADJUSTMENT

17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	5,274,610
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)	
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	5,274,610
	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT	
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	8,737,013
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	8,737,013
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.603709
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	1,213.14
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	5,274,610

Health Financial Systems MCRIF32 FOR SAINT JOSEPH COMMUNITY HOSPITAL-MISH IN LIEU OF FORM CMS-2552-96(05/2004) CONTD
 COMPUTATION OF INPATIENT OPERATING COST I PROVIDER NO: I PERIOD: I PREPARED 11/24/2008
 I 15-0029 I FROM 7/ 1/2007 I WORKSHEET D-1
 I COMPONENT NO: I TO 6/30/2008 I PART II
 I 15-0029 I I

TITLE XVIII PART A HOSPITAL PPS
 PART II - HOSPITAL AND SUBPROVIDERS ONLY

1

PROGRAM INPATIENT OPERATING COST BEFORE
 PASS THROUGH COST ADJUSTMENTS

38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM					732.38
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST					3,147,769
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM					
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST					3,147,769
		TOTAL	TOTAL	AVERAGE	PROGRAM	PROGRAM
		I/P COST	I/P DAYS	PER DIEM	DAYS	COST
		1	2	3	4	5

42	NURSERY (TITLE V & XIX ONLY)					
	INTENSIVE CARE TYPE INPATIENT					
	HOSPITAL UNITS					
43	INTENSIVE CARE UNIT	3,066,231	2,773	1,105.75	795	879,071
44	CORONARY CARE UNIT					
45	BURN INTENSIVE CARE UNIT					
46	SURGICAL INTENSIVE CARE UNIT					
47	OTHER SPECIAL CARE					

						1
48	PROGRAM INPATIENT ANCILLARY SERVICE COST					4,789,982
49	TOTAL PROGRAM INPATIENT COSTS					8,816,822

PASS THROUGH COST ADJUSTMENTS

50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES					219,248
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES					254,195
52	TOTAL PROGRAM EXCLUDABLE COST					473,443
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST, AND MEDICAL EDUCATION COSTS					8,343,379

TARGET AMOUNT AND LIMIT COMPUTATION

54	PROGRAM DISCHARGES
55	TARGET AMOUNT PER DISCHARGE
56	TARGET AMOUNT
57	DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT
58	BONUS PAYMENT
58.01	LESSER OF LINES 53/54 OR 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED AND COMPOUNDED BY THE MARKET BASKET
58.02	LESSER OF LINES 53/54 OR 55 FROM PRIOR YEAR COST REPORT, UPDATED BY THE MARKET BASKET
58.03	IF LINES 53/54 IS LESS THAN THE LOWER OF LINES 55, 58.01 OR 58.02 ENTER THE LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS (LINE 53) ARE LESS THAN EXPECTED COSTS (LINES 54 x 58.02), OR 1 PERCENT OF THE TARGET AMOUNT (LINE 56) OTHERWISE ENTER ZERO.
58.04	RELIEF PAYMENT
59	ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT
59.01	ALLOWABLE INPATIENT COST PER DISCHARGE (LINE 59 / LINE 54) (LTCH ONLY)
59.02	PROGRAM DISCHARGES PRIOR TO JULY 1
59.03	PROGRAM DISCHARGES AFTER JULY 1
59.04	PROGRAM DISCHARGES (SEE INSTRUCTIONS)
59.05	REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES PRIOR TO JULY 1 (SEE INSTRUCTIONS) (LTCH ONLY)
59.06	REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES AFTER JULY 1 (SEE INSTRUCTIONS) (LTCH ONLY)
59.07	REDUCED INPATIENT COST PER DISCHARGE (SEE INSTRUCTIONS) (LTCH ONLY)
59.08	REDUCED INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTRUCTIONS)

PROGRAM INPATIENT ROUTINE SWING BED COST

60	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS)
61	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS)
62	TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS
63	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD
64	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD
65	TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS

		COST	ROUTINE COST	COLUMN 1 DIVIDED BY COLUMN 2	TOTAL OBSERVATION BED COST	OBSERVATION BED PASS THROUGH COST
		1	2	3	4	5
86	OLD CAPITAL-RELATED COST		5,274,610			
87	NEW CAPITAL-RELATED COST	310,955	5,274,610	.058953		
88	NON PHYSICIAN ANESTHETIST		5,274,610			
89	MEDICAL EDUCATION		5,274,610			
89.01	MEDICAL EDUCATION - ALLIED HEA					
89.02	MEDICAL EDUCATION - ALL OTHER					

Health Financial Systems MCRIF32 FOR SAINT JOSEPH COMMUNITY HOSPITAL-MISH IN LIEU OF FORM CMS-2552-96(05/2004)

I PROVIDER NO: I PERIOD: I PREPARED 11/24/2008

I 15-0029 I FROM 7/ 1/2007 I WORKSHEET D-4

I COMPONENT NO: I TO 6/30/2008 I

I 15-0029 I

TITLE XVIII, PART A		HOSPITAL		PPS	
WKST A	COST CENTER DESCRIPTION	RATIO COST	INPATIENT	INPATIENT	
LINE NO.		TO CHARGES	CHARGES	COST	
		1	2	3	
25	INPAT ROUTINE SRVC CNTRS				
26	ADULTS & PEDIATRICS		4,923,665		
27	INTENSIVE CARE UNIT		2,089,430		
28	CORONARY CARE UNIT				
29	BURN INTENSIVE CARE UNIT				
31	SURGICAL INTENSIVE CARE UNIT				
	SUBPROVIDER				
	ANCILLARY SRVC COST CNTRS				
37	OPERATING ROOM	.385704	2,995,488	1,155,372	
38	RECOVERY ROOM	.316560	251,248	79,535	
39	DELIVERY ROOM & LABOR ROOM	.228478			
40	ANESTHESIOLOGY				
41	RADIOLOGY-DIAGNOSTIC	.238273	2,856,890	680,720	
42	RADIOLOGY-THERAPEUTIC				
43	RADIOISOTOPE				
44	LABORATORY	.310346	1,947,825	604,500	
45	PBP CLINICAL LAB SERVICES-PRGM ONLY				
46	WHOLE BLOOD & PACKED RED BLOOD CELLS				
47	BLOOD STORING, PROCESSING & TRANS.				
48	INTRAVENOUS THERAPY				
49	RESPIRATORY THERAPY	.330952	1,067,337	353,237	
50	PHYSICAL THERAPY	.477485	259,752	124,028	
51	OCCUPATIONAL THERAPY	.334482	118,748	39,719	
52	SPEECH PATHOLOGY	.150136	25,515	3,831	
53	ELECTROCARDIOLOGY				
54	ELECTROENCEPHALOGRAPHY				
54	01 CARDIAC REHAB	.336061			
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.437224	2,330,289	1,018,858	
56	DRUGS CHARGED TO PATIENTS	.171183	3,682,763	630,426	
57	RENAL DIALYSIS				
58	ASC (NON-DISTINCT PART)				
	OUTPAT SERVICE COST CNTRS				
60	CLINIC	1.259262			
60	01 HEALTHY FAMILY CLINIC	.765227			
60	02 MOBILE MEDICAL UNIT	3.186054			
60	03 FAMILY PRACTICE CENTER				
60	04 WOUND CARE CLINIC	.537871	15,288	8,223	
61	EMERGENCY	.229827	398,269	91,533	
62	OBSERVATION BEDS (NON-DISTINCT PART)		58,004		
	OTHER REIMBURS COST CNTRS				
64	HOME PROGRAM DIALYSIS				
65	AMBULANCE SERVICES				
66	DURABLE MEDICAL EQUIP-RENTED				
67	DURABLE MEDICAL EQUIP-SOLD				
101	TOTAL		16,007,416	4,789,982	
102	LESS PBP CLINIC LABORATORY SERVICES -				
	PROGRAM ONLY CHARGES				
103	NET CHARGES		16,007,416		

Health Financial Systems MCRIF32 FOR SAINT JOSEPH COMMUNITY HOSPITAL-MISH IN LIEU OF FORM CMS-2552-96(05/2004)

I PROVIDER NO: I PERIOD: I PREPARED 11/24/2008

I 15-0029 I FROM 7/ 1/2007 I WORKSHEET D-4

I COMPONENT NO: I TO 6/30/2008 I

I 15-5460 I

TITLE XVIII, PART A		SKILLED NURSING FACILITY		PPS
WKST A	COST CENTER DESCRIPTION	RATIO COST	INPATIENT	INPATIENT
LINE NO.		TO CHARGES	CHARGES	COST
		1	2	3
25	INPAT ROUTINE SRVC CNTRS			
26	ADULTS & PEDIATRICS			
27	INTENSIVE CARE UNIT			
28	CORONARY CARE UNIT			
29	BURN INTENSIVE CARE UNIT			
31	SURGICAL INTENSIVE CARE UNIT			
	SUBPROVIDER			
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.385396		
38	RECOVERY ROOM	.316560		
39	DELIVERY ROOM & LABOR ROOM	.228478		
40	ANESTHESIOLOGY			
41	RADIOLOGY-DIAGNOSTIC	.238273	87,217	20,781
42	RADIOLOGY-THERAPEUTIC			
43	RADIOISOTOPE			
44	LABORATORY	.310346	280,107	86,930
45	PBP CLINICAL LAB SERVICES-PRGM ONLY			
46	WHOLE BLOOD & PACKED RED BLOOD CELLS			
47	BLOOD STORING, PROCESSING & TRANS.			
48	INTRAVENOUS THERAPY			
49	RESPIRATORY THERAPY	.330952	242,292	80,187
50	PHYSICAL THERAPY	.477485	994,851	475,026
51	OCCUPATIONAL THERAPY	.334482	852,620	285,186
52	SPEECH PATHOLOGY	.150136	86,665	13,012
53	ELECTROCARDIOLOGY			
54	ELECTROENCEPHALOGRAPHY			
54	01 CARDIAC REHAB	.336061		
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.437224	3,183	1,392
56	DRUGS CHARGED TO PATIENTS	.171183	1,021,036	174,784
57	RENAL DIALYSIS			
58	ASC (NON-DISTINCT PART)			
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	1.259262		
60	01 HEALTHY FAMILY CLINIC	.763037		
60	02 MOBILE MEDICAL UNIT	3.183163		
60	03 FAMILY PRACTICE CENTER			
60	04 WOUND CARE CLINIC	.537871		
61	EMERGENCY	.227727		
62	OBSERVATION BEDS (NON-DISTINCT PART)			
	OTHER REIMBURS COST CNTRS			
64	HOME PROGRAM DIALYSIS			
65	AMBULANCE SERVICES			
66	DURABLE MEDICAL EQUIP-RENTED			
67	DURABLE MEDICAL EQUIP-SOLD			
101	TOTAL		3,567,971	1,137,298
102	LESS PBP CLINIC LABORATORY SERVICES -			
	PROGRAM ONLY CHARGES			
103	NET CHARGES		3,567,971	

Health Financial Systems MCRIF32 FOR SAINT JOSEPH COMMUNITY HOSPITAL-MISH IN LIEU OF FORM CMS-2552-96(05/2004)

I PROVIDER NO: I PERIOD: I PREPARED 11/24/2008

I 15-0029 I FROM 7/ 1/2007 I WORKSHEET D-4

I COMPONENT NO: I TO 6/30/2008 I

I 15-0029 I

TITLE XIX		HOSPITAL	OTHER	
WKST A	COST CENTER DESCRIPTION	RATIO COST	INPATIENT	INPATIENT
LINE NO.		TO CHARGES	CHARGES	COST
		1	2	3
	INPAT ROUTINE SRVC CNTRS			
25	ADULTS & PEDIATRICS		2,422,906	
26	INTENSIVE CARE UNIT		535,895	
27	CORONARY CARE UNIT			
28	BURN INTENSIVE CARE UNIT			
29	SURGICAL INTENSIVE CARE UNIT			
31	SUBPROVIDER			
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.385396	546,479	210,611
38	RECOVERY ROOM	.316560	25,879	8,192
39	DELIVERY ROOM & LABOR ROOM	.228478	1,247,969	285,133
40	ANESTHESIOLOGY			
41	RADIOLOGY-DIAGNOSTIC	.238273	509,257	121,342
42	RADIOLOGY-THERAPEUTIC			
43	RADIOISOTOPE			
44	LABORATORY	.310346	470,967	146,163
45	PBP CLINICAL LAB SERVICES-PRGM ONLY			
46	WHOLE BLOOD & PACKED RED BLOOD CELLS			
47	BLOOD STORING, PROCESSING & TRANS.			
48	INTRAVENOUS THERAPY			
49	RESPIRATORY THERAPY	.330952	180,798	59,835
50	PHYSICAL THERAPY	.477485	16,433	7,847
51	OCCUPATIONAL THERAPY	.334482	3,252	1,088
52	SPEECH PATHOLOGY	.150136	786	118
53	ELECTROCARDIOLOGY			
54	ELECTROENCEPHALOGRAPHY			
54	01 CARDIAC REHAB	.336061		
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.437224	174,856	76,451
56	DRUGS CHARGED TO PATIENTS	.171183	1,225,894	209,852
57	RENAL DIALYSIS			
58	ASC (NON-DISTINCT PART)			
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	1.259262		
60	01 HEALTHY FAMILY CLINIC	.763037		
60	02 MOBILE MEDICAL UNIT	3.183163		
60	03 FAMILY PRACTICE CENTER			
60	04 WOUND CARE CLINIC	.537871	190	102
61	EMERGENCY	.270903	101,117	27,393
62	OBSERVATION BEDS (NON-DISTINCT PART)			
	OTHER REIMBURS COST CNTRS			
64	HOME PROGRAM DIALYSIS			
65	AMBULANCE SERVICES			
66	DURABLE MEDICAL EQUIP-RENTED			
67	DURABLE MEDICAL EQUIP-SOLD			
101	TOTAL		4,503,877	1,154,127
102	LESS PBP CLINIC LABORATORY SERVICES -			
	PROGRAM ONLY CHARGES			
103	NET CHARGES		4,503,877	

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

HOSPITAL			
DESCRIPTION		1	1.01
DRG AMOUNT			
1	OTHER THAN OUTLIER PAYMENTS OCCURRING PRIOR TO OCTOBER 1		
1.01	OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 AND BEFORE JANUARY 1	3,441,814	
1.02	OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER JAN 1 MANAGED CARE PATIENTS	3,501,669	
1.03	PAYMENTS PRIOR TO MARCH 1ST OR OCTOBER 1ST	8,779	
1.04	PAYMENTS ON OR AFTER OCTOBER 1 AND PRIOR TO JANUARY 1	11,935	
1.05	PAYMENTS ON OR AFTER JANUARY 1ST BUT BEFORE 4/1 / 10/1	21,183	
1.06	ADDITIONAL AMOUNT RECEIVED OR TO BE RECEIVED (SEE INSTR)		
1.07	PAYMENTS FOR DISCHARGES ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001.		
1.08	SIMULATED PAYMENTS FROM PS&R ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001.		
2	OUTLIER PAYMENTS FOR DISCHARGES OCCURRING PRIOR TO 10/1/97		
2.01	OUTLIER PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER OCTOBER 1, 1997 (SEE INSTRUCTIONS)	46,342	
3	BED DAYS AVAILABLE DIVIDED BY # DAYS IN COST RPTG PERIOD INDIRECT MEDICAL EDUCATION ADJUSTMENT	52.00	
3.01	NUMBER OF INTERNS & RESIDENTS FROM WKST S-3, PART I		
3.02	INDIRECT MEDICAL EDUCATION PERCENTAGE (SEE INSTRUCTIONS)		
3.03	INDIRECT MEDICAL EDUCATION ADJUSTMENT		
3.04	FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE 12/31/1996.	7.68	
3.05	FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD-ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)		
3.06	ADJUSTED FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)	5.45	
		FOR CR PERIODS ENDING ON OR AFTER 7/1/2005	
		E-3 PT 6 LN 15 PLUS LN 3.06	
3.07	SUM OF LINES 3.04 THROUGH 3.06 (SEE INSTRUCTIONS)	6.45	11.90
3.08	FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS		.42
3.09	FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING PRIOR TO OCTOBER 1.		
3.10	FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING ON OR AFTER OCTOBER 1		
3.11	FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.09		
3.12	FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.10		
3.13	FTE COUNT FOR RESIDENTS IN DENTAL AND PODIATRIC PROGRAMS.		
3.14	CURRENT YEAR ALLOWABLE FTE (SEE INSTRUCTIONS)		.42
3.15	TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR, IF NONE BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE		.93
3.16	TOTAL ALLOWABLE FTE COUNT FOR THE PENULTIMATE YEAR IF THAT YEAR ENDED ON OR AFTER SEPTEMBER 30, 1997, OTHERWISE ENTER ZERO. IF THERE WAS NO FTE COUNT IN THIS PERIOD BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE		5.38
3.17	SUM OF LINES 3.14 THRU 3.16 DIVIDED BY THE NUMBER OF THOSE LINES IN EXCESS OF ZERO (SEE INSTRUCTIONS).		2.24
3.18	CURRENT YEAR RESIDENT TO BED RATIO (LN 3.17 DIVIDED BY LN 3)		.043077
3.19	PRIOR YEAR RESIDENT TO BED RATIO (SEE INSTRUCTIONS)		.061692
3.20	FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 1997, ENTER THE LESSER OF LINES 3.18 OR 3.19		.043077
3.21	IME PAYMENTS FOR DISCHARGES OCCURRING PRIOR TO OCT 1		200
3.22	IME PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER OCT 1, BUT BEFORE JANUARY 1 (SEE INSTRUCTIONS)		80,327
3.23	IME PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER JANUARY 1		81,934
		SUM OF LINES PLUS E-3, PT	
		3.21 - 3.23 VI, LINE 23	
3.24	SUM OF LINES 3.21 THROUGH 3.23 (SEE INSTRUCTIONS).	162,461	162,461
DISPROPORTIONATE SHARE ADJUSTMENT			
4	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (SEE INSTRUCTIONS)		4.38
4.01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-3, PART I		22.77
4.02	SUM OF LINES 4 AND 4.01		27.15
4.03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUC)		11.98
4.04	DISPROPORTIONATE SHARE ADJUSTMENT (SEE INSTRUCTIONS)		831,829
ADDITIONAL PAYMENT FOR HIGH PERCENTAGE OF ESRD BENEFICIARY DISCHARGES			
5	TOTAL MEDICARE DISCHARGES ON WKST S-3, PART I EXCLUDING DISCHARGES FOR DRGs 302, 316, AND 317.		
5.01	TOTAL ESRD MEDICARE DISCHARGES EXCLUDING DRGs 302, 316 & 317		
5.02	DIVIDE LINE 5.01 BY LINE 5 (IF LESS THAN 10%, YOU DO NOT QUALIFY FOR ADJUSTMENT)		

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

HOSPITAL			
DESCRIPTION			
		1	1.01
5.03	TOTAL MEDICARE ESRD INPATIENT DAYS EXCLUDING DRGs 302, 316, AND 317.		
5.04	RATIO OF AVERAGE LENGTH OF STAY TO ONE WEEK		
5.05	AVERAGE WEEKLY COST FOR DIALYSIS TREATMENTS (SEE INSTRUC)	335.00	
5.06	TOTAL ADDITIONAL PAYMENT		
6	SUBTOTAL (SEE INSTRUCTIONS)	7,984,115	
7	HOSPITAL SPECIFIC PAYMENTS (TO BE COMPLETED BY SCH AND MDH, SMALL RURAL HOSPITALS ONLY, SEE INSTRUCTIONS)		
7.01	HOSPITAL SPECIFIC PAYMENTS (TO BE COMPLETED BY SCH AND MDH, SMALL RURAL HOSPITALS ONLY, SEE INSTRUCTIONS)		
	FY BEG. 10/1/2000		
8	TOTAL PAYMENT FOR INPATIENT OPERATING COSTS SCH AND MDH ONLY (SEE INSTRUCTIONS)	7,984,115	
9	PAYMENT FOR INPATIENT PROGRAM CAPITAL	610,775	
10	EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL		
11	DIRECT GRADUATE MEDICAL EDUCATION PAYMENT	168,356	
11.01	NURSING AND ALLIED HEALTH MANAGED CARE		
11.02	SPECIAL ADD-ON PAYMENTS FOR NEW TECHNOLOGIES		
12	NET ORGAN ACQUISITION COST		
13	COST OF TEACHING PHYSICIANS		
14	ROUTINE SERVICE OTHER PASS THROUGH COSTS		
15	ANCILLARY SERVICE OTHER PASS THROUGH COSTS		
16	TOTAL	8,763,246	
17	PRIMARY PAYER PAYMENTS	38,103	
18	TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES	8,725,143	
19	DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	894,528	
20	COINSURANCE BILLED TO PROGRAM BENEFICIARIES	13,760	
21	REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	179,005	
21.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	125,304	
21.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES		
22	SUBTOTAL	7,942,159	
23	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION		
24	OTHER ADJUSTMENTS (SPECIFY)		
24.99	OUTLIER RECONCILIATION ADJUSTMENT		
25	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		
26	AMOUNT DUE PROVIDER	7,942,159	
27	SEQUESTRATION ADJUSTMENT		
28	INTERIM PAYMENTS	7,660,022	
28.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
29	BALANCE DUE PROVIDER (PROGRAM)	282,137	
30	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2.		
	----- FI ONLY -----		
50	OPERATING OUTLIER AMOUNT FROM WKS E, A, L2.01		
51	CAPITAL OUTLIER AMOUNT FROM WKS L, I, L3.01		
52	OPERATING OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)		
53	CAPITAL OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)		
54	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY		
55	TIME VALUE OF MONEY (SEE INSTRUCTIONS)		
56	CAPITAL TIME VALUE OF MONEY (SEE INSTRUCTIONS)		

PART B - MEDICAL AND OTHER HEALTH SERVICES

HOSPITAL

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	19,387	
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).	2,029,102	1,912,688
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.	4,866,624	
1.03	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO.	.822	
1.04	LINE 1.01 TIMES LINE 1.03.	1,667,922	
1.05	LINE 1.02 DIVIDED BY LINE 1.04.		
1.06	TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS)		
1.07	ENTER THE AMOUNT FROM WORKSHEET D, PART IV, (COLS 9, 9.01, 9.02) LINE 101.		
2	INTERNS AND RESIDENTS		
3	ORGAN ACQUISITIONS		
4	COST OF TEACHING PHYSICIANS		
5	TOTAL COST (SEE INSTRUCTIONS)	19,387	
	COMPUTATION OF LESSER OF COST OR CHARGES		
	REASONABLE CHARGES		
6	ANCILLARY SERVICE CHARGES	49,110	
7	INTERNS AND RESIDENTS SERVICE CHARGES		
8	ORGAN ACQUISITION CHARGES		
9	CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.		
10	TOTAL REASONABLE CHARGES	49,110	
	CUSTOMARY CHARGES		
11	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS		
12	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e).		
13	RATIO OF LINE 11 TO LINE 12		
14	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)	49,110	
15	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	29,723	
16	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES		
17	LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUC)	19,387	
17.01	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)	4,866,624	
	COMPUTATION OF REIMBURSEMENT SETTLEMENT		
18	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)	2,554	
18.01	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS)	1,284,949	
19	SUBTOTAL (SEE INSTRUCTIONS)	3,598,508	
20	SUM OF AMOUNTS FROM WORKSHEET E PARTS C, D & E (SEE INSTR.)		
21	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	75,889	
22	ESRD DIRECT MEDICAL EDUCATION COSTS		
23	SUBTOTAL	3,674,397	
24	PRIMARY PAYER PAYMENTS	4,084	
25	SUBTOTAL	3,670,313	
	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)		
26	COMPOSITE RATE ESRD		
27	BAD DEBTS (SEE INSTRUCTIONS)	260,068	
27.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	182,048	
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES		
28	SUBTOTAL	3,852,361	
29	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION.		
30	OTHER ADJUSTMENTS (SPECIFY)	73	
30.99	OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT)		
31	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS.		
32	SUBTOTAL	3,852,434	
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)		
34	INTERIM PAYMENTS	3,741,065	
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
35	BALANCE DUE PROVIDER/PROGRAM	111,369	
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS)		
	IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2		

Health Financial Systems MCRIF32 FOR SAINT JOSEPH COMMUNITY HOSPITAL-MISH IN LIEU OF FORM CMS-2552-96 (11/1998)

	I PROVIDER NO:	I PERIOD:	I PREPARED 11/24/2008
ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED	I 15-0029	I FROM 7/ 1/2007	I WORKSHEET E-1
	I COMPONENT NO:	I TO 6/30/2008	I
	I 15-0029	I	I

TITLE XVIII		HOSPITAL		INPATIENT-PART A		P A R T B	
DESCRIPTION		MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT		
		1	2	3	4		
1	TOTAL INTERIM PAYMENTS PAID TO PROVIDER		7,695,148		3,777,890		
2	INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		NONE		NONE		
3	LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)						
	ADJUSTMENTS TO PROVIDER		.01				
	ADJUSTMENTS TO PROVIDER		.02				
	ADJUSTMENTS TO PROVIDER		.03				
	ADJUSTMENTS TO PROVIDER		.04				
	ADJUSTMENTS TO PROVIDER		.05				
	ADJUSTMENTS TO PROGRAM	1/14/2008	35,126	1/14/2008	36,825		
	ADJUSTMENTS TO PROGRAM		.51				
	ADJUSTMENTS TO PROGRAM		.52				
	ADJUSTMENTS TO PROGRAM		.53				
	ADJUSTMENTS TO PROGRAM		.54				
	SUBTOTAL		.99				
4	TOTAL INTERIM PAYMENTS		-35,126		-36,825		
			7,660,022		3,741,065		
TO BE COMPLETED BY INTERMEDIARY							
5	LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)						
	TENTATIVE TO PROVIDER		.01				
	TENTATIVE TO PROVIDER		.02				
	TENTATIVE TO PROVIDER		.03				
	TENTATIVE TO PROGRAM		.50				
	TENTATIVE TO PROGRAM		.51				
	TENTATIVE TO PROGRAM		.52				
	SUBTOTAL		.99				
			NONE		NONE		
6	DETERMINED NET SETTLEMENT		.01				
	AMOUNT (BALANCE DUE)		.02				
	BASED ON COST REPORT (1)						
7	TOTAL MEDICARE PROGRAM LIABILITY						
	NAME OF INTERMEDIARY:						
	INTERMEDIARY NO:						
	SIGNATURE OF AUTHORIZED PERSON:						
	DATE: ____/____/____						

(1) ON LINES 3, 5 AND 6, WHERE AN AMOUNT IS DUE PROVIDER TO PROGRAM, SHOW THE AMOUNT AND DATE ON WHICH THE PROVIDER AGREES TO THE AMOUNT OF REPAYMENT, EVEN THOUGH TOTAL REPAYMENT IS NOT ACCOMPLISHED UNTIL A LATER DATE.

Health Financial Systems MCRIF32 FOR SAINT JOSEPH COMMUNITY HOSPITAL-MISH IN LIEU OF FORM CMS-2552-96 (11/1998)

	I	PROVIDER NO:	I	PERIOD:	I	PREPARED 11/24/2008
ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED	I	15-0029	I	FROM 7/ 1/2007	I	WORKSHEET E-1
	I	COMPONENT NO:	I	TO 6/30/2008	I	
	I	15-5460	I		I	

TITLE XVIII SNF

DESCRIPTION	INPATIENT-PART A		P A R T B	
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		2,035,233		
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
ADJUSTMENTS TO PROVIDER		.01		
ADJUSTMENTS TO PROVIDER		.02		
ADJUSTMENTS TO PROVIDER		.03		
ADJUSTMENTS TO PROVIDER		.04		
ADJUSTMENTS TO PROVIDER		.05		
ADJUSTMENTS TO PROGRAM		.50		
ADJUSTMENTS TO PROGRAM		.51		
ADJUSTMENTS TO PROGRAM		.52		
ADJUSTMENTS TO PROGRAM		.53		
ADJUSTMENTS TO PROGRAM		.54		
SUBTOTAL		.99		
4 TOTAL INTERIM PAYMENTS		2,035,233		NONE
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER		.01		
TENTATIVE TO PROVIDER		.02		
TENTATIVE TO PROVIDER		.03		
TENTATIVE TO PROGRAM		.50		
TENTATIVE TO PROGRAM		.51		
TENTATIVE TO PROGRAM		.52		
SUBTOTAL		.99		
6 DETERMINED NET SETTLEMENT			NONE	NONE
AMOUNT (BALANCE DUE)				
BASED ON COST REPORT (1)				
7 TOTAL MEDICARE PROGRAM LIABILITY				
NAME OF INTERMEDIARY:				
INTERMEDIARY NO:				
SIGNATURE OF AUTHORIZED PERSON: _____				
DATE: ____/____/____				

(1) ON LINES 3, 5 AND 6, WHERE AN AMOUNT IS DUE PROVIDER TO PROGRAM, SHOW THE AMOUNT AND DATE ON WHICH THE PROVIDER AGREES TO THE AMOUNT OF REPAYMENT, EVEN THOUGH TOTAL REPAYMENT IS NOT ACCOMPLISHED UNTIL A LATER DATE.

	TITLE XVIII	SNF	PPS TITLE V OR TITLE XIX 1	TITLE XVIII SNF PPS 2
1	COMPUTATION OF NET COST OF COVERED SERVICE			
2	INPATIENT HOSPITAL/SNF/NF SERVICES			
3	MEDICAL AND OTHER SERVICES			
4	INTERNS AND RESIDENTS (SEE INSTRUCTIONS)			
5	ORGAN ACQUISITION (CERT TRANSPLANT CENTERS ONLY)			
6	COST OF TEACHING PHYSICIANS (SEE INSTRUCTIONS)			
7	SUBTOTAL			
8	INPATIENT PRIMARY PAYER PAYMENTS			103
9	OUTPATIENT PRIMARY PAYER PAYMENTS			
10	SUBTOTAL			-103
11	COMPUTATION OF LESSER OF COST OR CHARGES			
12	REASONABLE CHARGES			
13	ROUTINE SERVICE CHARGES			
14	ANCILLARY SERVICE CHARGES			
15	INTERNS AND RESIDENTS SERVICE CHARGES			
16	ORGAN ACQUISITION CHARGES, NET OF REVENUE			
17	TEACHING PHYSICIANS			
18	INCENTIVE FROM TARGET AMOUNT COMPUTATION			
19	TOTAL REASONABLE CHARGES			
20	CUSTOMARY CHARGES			
21	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR			
22	PAYMENT FOR SERVICES ON A CHARGE BASIS			
23	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE			
24	FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT			
25	BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e)			
26	RATIO OF LINE 17 TO LINE 18			
27	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)			
28	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST			103
29	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
30	COST OF COVERED SERVICES			-103
31	PROSPECTIVE PAYMENT AMOUNT			
32	OTHER THAN OUTLIER PAYMENTS			2,230,148
33	OUTLIER PAYMENTS			
34	PROGRAM CAPITAL PAYMENTS			
35	CAPITAL EXCEPTION PAYMENTS (SEE INSTRUCTIONS)			
36	ROUTINE SERVICE OTHER PASS THROUGH COSTS			
37	ANCILLARY SERVICE OTHER PASS THROUGH COSTS			
38	SUBTOTAL			2,230,045
39	CUSTOMARY CHARGES (TITLE XIX PPS COVERED SERVICES ONLY)			
40	TITLES V OR XIX PPS, LESSER OF LNS 30 OR 31; NON PPS & TITLE			2,230,045
41	XVIII ENTER AMOUNT FROM LINE 30			
42	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)			
43	COMPUTATION OF REIMBURSEMENT SETTLEMENT			
44	EXCESS OF REASONABLE COST			
45	SUBTOTAL			2,230,045
46	COINSURANCE			194,812
47	SUM OF AMOUNTS FROM WKST. E, PARTS C, D & E, LN 19			
48	REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)			15,347
49.01	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS ENDING			
50	BEFORE 10/01/05 (SEE INSTRUCTIONS)			
51.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES			
52.03	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS BEGINNING			10,743
53	ON OR AFTER 10/01/05 (SEE INSTRUCTIONS)			
54	UTILIZATION REVIEW			
55	SUBTOTAL (SEE INSTRUCTIONS)			2,045,976
56	INPATIENT ROUTINE SERVICE COST			
57	MEDICARE INPATIENT ROUTINE CHARGES			
58	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR			
59	PAYMENT FOR SERVICES ON A CHARGE BASIS			
60	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE			
61	FOR PAYMENT OF PART A SERVICES			
62	RATIO OF LINE 43 TO 44			
63	TOTAL CUSTOMARY CHARGES			
64	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST			
65	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
66	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER			
67	TERMINATION OR A DECREASE IN PROGRAM UTILIZATION			
68	OTHER ADJUSTMENTS (SPECIFY)			
69	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS			
70	RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS			
71	SUBTOTAL			2,045,976
72	INDIRECT MEDICAL EDUCATION ADJUSTMENT (PPS ONLY)			
73	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS			
74	TOTAL AMOUNT PAYABLE TO THE PROVIDER			2,045,976
75	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)			
76	INTERIM PAYMENTS			2,035,233
77.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)			
78	BALANCE DUE PROVIDER/PROGRAM			10,743
79	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS)			

Health Financial Systems MCRIF32 FOR SAINT JOSEPH COMMUNITY HOSPITAL-MISH IN LIEU OF FORM CMS-2552-96-E-3 (5/2008)
CALCULATION OF REIMBURSEMENT SETTLEMENT I PROVIDER NO: I PERIOD: I PREPARED 11/24/2008
I 15-0029 I FROM 7/ 1/2007 I WORKSHEET E-3
I COMPONENT NO: I TO 6/30/2008 I PART III
I 15-5460 I I I

PART III - TITLE V OR TITLE XIX SERVICES OR TITLE XVIII SNF PPS ONLY

TITLE XVIII SNF

PPS
TITLE V OR
TITLE XIX
1
TITLE XVIII
SNF PPS
2

IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2.

TITLE XIX	HOSPITAL	PPS TITLE V OR TITLE XIX 1	TITLE XVIII SNF PPS 2
1	COMPUTATION OF NET COST OF COVERED SERVICE		
2	INPATIENT HOSPITAL/SNF/NF SERVICES		
3	MEDICAL AND OTHER SERVICES		
4	INTERNS AND RESIDENTS (SEE INSTRUCTIONS)		
5	ORGAN ACQUISITION (CERT TRANSPLANT CENTERS ONLY)		
6	COST OF TEACHING PHYSICIANS (SEE INSTRUCTIONS)		
7	SUBTOTAL		
8	INPATIENT PRIMARY PAYER PAYMENTS		
9	OUTPATIENT PRIMARY PAYER PAYMENTS		
10	SUBTOTAL		
11	COMPUTATION OF LESSER OF COST OR CHARGES		
12	REASONABLE CHARGES		
13	ROUTINE SERVICE CHARGES		
14	ANCILLARY SERVICE CHARGES	4,503,877	
15	INTERNS AND RESIDENTS SERVICE CHARGES		
16	ORGAN ACQUISITION CHARGES, NET OF REVENUE		
17	TEACHING PHYSICIANS		
18	INCENTIVE FROM TARGET AMOUNT COMPUTATION		
19	TOTAL REASONABLE CHARGES	4,503,877	
20	CUSTOMARY CHARGES		
21	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR		
22	PAYMENT FOR SERVICES ON A CHARGE BASIS		
23	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE		
24	FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT		
25	BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e)		
26	RATIO OF LINE 17 TO LINE 18		
27	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)	4,503,877	
28	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	4,503,877	
29	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES		
30	COST OF COVERED SERVICES		
31	PROSPECTIVE PAYMENT AMOUNT		
32	OTHER THAN OUTLIER PAYMENTS		
33	OUTLIER PAYMENTS		
34	PROGRAM CAPITAL PAYMENTS		
35	CAPITAL EXCEPTION PAYMENTS (SEE INSTRUCTIONS)		
36	ROUTINE SERVICE OTHER PASS THROUGH COSTS		
37	ANCILLARY SERVICE OTHER PASS THROUGH COSTS		
38	SUBTOTAL		
39	CUSTOMARY CHARGES (TITLE XIX PPS COVERED SERVICES ONLY)		
40	TITLES V OR XIX PPS, LESSER OF LNS 30 OR 31; NON PPS & TITLE		
41	XVIII ENTER AMOUNT FROM LINE 30		
42	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)		
43	COMPUTATION OF REIMBURSEMENT SETTLEMENT		
44	EXCESS OF REASONABLE COST		
45	SUBTOTAL		
46	COINSURANCE		
47	SUM OF AMOUNTS FROM WKST. E, PARTS C, D & E, LN 19		
48	REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)		
49	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS ENDING		
50	BEFORE 10/01/05 (SEE INSTRUCTIONS)		
51	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES		
52	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS BEGINNING		
53	ON OR AFTER 10/01/05 (SEE INSTRUCTIONS)		
54	UTILIZATION REVIEW		
55	SUBTOTAL (SEE INSTRUCTIONS)		
56	INPATIENT ROUTINE SERVICE COST		
57	MEDICARE INPATIENT ROUTINE CHARGES		
58	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR		
59	PAYMENT FOR SERVICES ON A CHARGE BASIS		
60	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE		
61	FOR PAYMENT OF PART A SERVICES		
62	RATIO OF LINE 43 TO 44		
63	TOTAL CUSTOMARY CHARGES		
64	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST		
65	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES		
66	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER		
67	TERMINATION OR A DECREASE IN PROGRAM UTILIZATION		
68	OTHER ADJUSTMENTS (SPECIFY)		
69	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS		
70	RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		
71	SUBTOTAL		
72	INDIRECT MEDICAL EDUCATION ADJUSTMENT (PPS ONLY)		
73	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS		
74	TOTAL AMOUNT PAYABLE TO THE PROVIDER		
75	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)		
76	INTERIM PAYMENTS		
77	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
78	BALANCE DUE PROVIDER/PROGRAM		
79	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS)		

Health Financial Systems MCRIF32 FOR SAINT JOSEPH COMMUNITY HOSPITAL-MISH IN LIEU OF FORM CMS-2552-96-E-3 (5/2008)
CALCULATION OF REIMBURSEMENT SETTLEMENT I PROVIDER NO: I PERIOD: I PREPARED 11/24/2008
I 15-0029 I FROM 7/ 1/2007 I WORKSHEET E-3
I COMPONENT NO: I TO 6/30/2008 I PART III
I - I I I

PART III - TITLE V OR TITLE XIX SERVICES OR TITLE XVIII SNF PPS ONLY

TITLE XIX HOSPITAL

PPS
TITLE V OR
TITLE XIX TITLE XVIII
1 SNF PPS
2

IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2.

Health Financial Systems	MCRIF32	FOR SAINT JOSEPH COMMUNITY HOSPITAL-MISH	IN LIEU OF FORM CMS-2552-96-E-3 (5/2008)
		I PROVIDER NO:	I PERIOD:
		I 15-0029	I FROM 7/ 1/2007
		I COMPONENT NO:	I TO 6/30/2008
		I 15-5460	I

PREPARED 11/24/2008
 WORKSHEET E-3
 PART III

CALCULATION OF REIMBURSEMENT SETTLEMENT
 PART III - TITLE V OR TITLE XIX SERVICES OR TITLE XVIII SNF PPS ONLY

	TITLE XIX	SNF	PPS TITLE V OR TITLE XIX 1	TITLE XVIII SNF PPS 2
1	COMPUTATION OF NET COST OF COVERED SERVICE			
2	INPATIENT HOSPITAL/SNF/NF SERVICES			
3	MEDICAL AND OTHER SERVICES			
4	INTERNS AND RESIDENTS (SEE INSTRUCTIONS)			
5	ORGAN ACQUISITION (CERT TRANSPLANT CENTERS ONLY)			
6	COST OF TEACHING PHYSICIANS (SEE INSTRUCTIONS)			
7	SUBTOTAL			
8	INPATIENT PRIMARY PAYER PAYMENTS			
9	OUTPATIENT PRIMARY PAYER PAYMENTS			
10	SUBTOTAL			
11	COMPUTATION OF LESSER OF COST OR CHARGES			
12	REASONABLE CHARGES			
13	ROUTINE SERVICE CHARGES			
14	ANCILLARY SERVICE CHARGES			
15	INTERNS AND RESIDENTS SERVICE CHARGES			
16	ORGAN ACQUISITION CHARGES, NET OF REVENUE			
17	TEACHING PHYSICIANS			
18	INCENTIVE FROM TARGET AMOUNT COMPUTATION			
19	TOTAL REASONABLE CHARGES			
20	CUSTOMARY CHARGES			
21	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR			
22	PAYMENT FOR SERVICES ON A CHARGE BASIS			
23	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE			
24	FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT			
25	BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e)			
26	RATIO OF LINE 17 TO LINE 18			
27	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)			
28	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST			
29	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
30	COST OF COVERED SERVICES			
31	PROSPECTIVE PAYMENT AMOUNT			
32	OTHER THAN OUTLIER PAYMENTS			
33	OUTLIER PAYMENTS			
34	PROGRAM CAPITAL PAYMENTS			
35	CAPITAL EXCEPTION PAYMENTS (SEE INSTRUCTIONS)			
36	ROUTINE SERVICE OTHER PASS THROUGH COSTS			
37	ANCILLARY SERVICE OTHER PASS THROUGH COSTS			
38	SUBTOTAL			
39	CUSTOMARY CHARGES (TITLE XIX PPS COVERED SERVICES ONLY)			
40	TITLES V OR XIX PPS, LESSER OF LNS 30 OR 31; NON PPS & TITLE			
41	XVIII ENTER AMOUNT FROM LINE 30			
42	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)			
43	COMPUTATION OF REIMBURSEMENT SETTLEMENT			
44	EXCESS OF REASONABLE COST			
45	SUBTOTAL			
46	COINSURANCE			
47	SUM OF AMOUNTS FROM WKST. E, PARTS C, D & E, LN 19			
48	REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)			
49	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS ENDING			
50	BEFORE 10/01/05 (SEE INSTRUCTIONS)			
51	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES			
52	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS BEGINNING			
53	ON OR AFTER 10/01/05 (SEE INSTRUCTIONS)			
54	UTILIZATION REVIEW			
55	SUBTOTAL (SEE INSTRUCTIONS)			
56	INPATIENT ROUTINE SERVICE COST			
57	MEDICARE INPATIENT ROUTINE CHARGES			
58	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR			
59	PAYMENT FOR SERVICES ON A CHARGE BASIS			
60	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE			
61	FOR PAYMENT OF PART A SERVICES			
62	RATIO OF LINE 43 TO 44			
63	TOTAL CUSTOMARY CHARGES			
64	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST			
65	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
66	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER			
67	TERMINATION OR A DECREASE IN PROGRAM UTILIZATION			
68	OTHER ADJUSTMENTS (SPECIFY)			
69	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS			
70	RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS			
71	SUBTOTAL			
72	INDIRECT MEDICAL EDUCATION ADJUSTMENT (PPS ONLY)			
73	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS			
74	TOTAL AMOUNT PAYABLE TO THE PROVIDER			
75	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)			
76	INTERIM PAYMENTS			
77	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)			
78	BALANCE DUE PROVIDER/PROGRAM			
79	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS)			

Health Financial Systems MCRIF32 FOR SAINT JOSEPH COMMUNITY HOSPITAL-MISH IN LIEU OF FORM CMS-2552-96-E-3 (5/2008)
I PROVIDER NO: I PERIOD: I PREPARED 11/24/2008
CALCULATION OF REIMBURSEMENT SETTLEMENT I 15-0029 I FROM 7/ 1/2007 I WORKSHEET E-3
I COMPONENT NO: I TO 6/30/2008 I PART III
I 15-5460 I I

PART III - TITLE V OR TITLE XIX SERVICES OR TITLE XVIII SNF PPS ONLY

TITLE XIX

SNF

PPS
TITLE V OR
TITLE XIX
1

TITLE XVIII
SNF PPS
2

IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2.

TITLE XVIII

COMPUTATION OF TOTAL DIRECT GME AMOUNT

1	NUMBER OF FTE RESIDENTS FOR OB/GYN & PRIMARY CARE			
1.01	NUMBER OF FTE RESIDENTS FOR ALL OTHER (SEE INSTR)			
2	UPDATED PER RESIDENT AMOUNT FOR OB/GYN & PRIMARY			
2.01	UPDATED PER RESIDENT AMOUNT ALL OTHER (SEE INSTR)			
3	AGGREGATE APPROVED AMOUNT			
3.01	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR COST REPTG PERIODS ENDING ON OR BEFORE 12/31/96			13.43
3.02	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH 42 CFR 413.86(g) (6)			
3.03	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGS FOR AFFILIATED PROGS IN ACCORD W/ 42 CFR 413.86(g) (4) . E-3, PT 6 LN 4 + LINE 3.03			4.64
3.04	FTE ADJUSTMENT CAP (SUM OF LINES 3.01 THRU 3.03)	9.64	4.64	14.28
3.05	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR THE CURRENT YEAR FROM YOUR RECORDS			5.27
3.06	ENTER THE LESSER OF LINE 3.04 OR LINE 3.05.			5.27
3.07	WEIGHTED FTE COUNT FOR PRIMARY CARE PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR IN COLUMN 1. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COL. ZERO.			5.27
3.08	WEIGHTED FTE COUNT FOR ALL OTHER PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR IN COLUMN 1. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COL. ZERO.			
3.09	ENTER THE SUM OF LINES 3.07 AND 3.08.			5.27
3.10	SEE INSTRUCTIONS			5.27
3.11	WEIGHTED DENTAL & PODIATRIC RESIDENT FTE COUNT FOR CUR YEAR IN COLUMN 1. IF CURRENT YEAR IS ZERO & TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COL. ZERO.			
3.12	SEE INSTRUCTIONS			
3.13	TOTAL WEIGHTED RESIDENT FTE COUNT FOR NONPRIMARY CARE RESIDENTS FOR THE PRIOR COST REPORTING YEAR (SEE INSTRUCTIONS)			
3.14	TOTAL WEIGHTED RESIDENT FTE COUNT FOR NONPRIMARY CARE RESIDENTS FOR THE PENULTIMATE COST REPORTING YEAR (SEE INSTRUCTIONS)			
3.15	ROLLING AVERAGE FTE COUNT (SEE INSTRUCTIONS)		RES INIT YEARS	
3.16	ENTER THE SUM OF LINE 3.15 PLUS THE WEIGHTED NUMBER OF NONPRIMARY CARE FTE RESIDENTS IN THE INITIAL YEAR OF NEW ALLOPATHIC AND OSTEOPATHIC PROGRAMS. (SEE INSTRUCTIONS)			
3.17	ENTER THE NONPRIMARY CARE PER RESIDENT AMOUNT.			
3.18	SEE INSTRUCTIONS			
3.19	ENTER THE WEIGHTED FTE RESIDENT COUNT FOR PRIMARY CARE AND OB/GYN RESIDENTS FOR THE PRIOR YEAR (SEE INSTRUCTIONS)			5.70
3.20	ENTER THE WEIGHTED FTE RESIDENT COUNT FOR PRIMARY CARE AND OB/GYN RESIDENTS FOR THE PENULTIMATE YEAR (SEE INSTRUCTIONS)			4.21
3.21	SEE INSTRUCTIONS		RES INIT YEARS	5.06
3.22	SEE INSTRUCTIONS			5.06
3.23	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001			81,761.00
3.24	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001			413,711
3.25	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001			413,711
COMPUTATION OF PROGRAM PATIENT LOAD				
4	PROGRAM PART A INPATIENT DAYS			5,093
5	TOTAL INPATIENT DAYS			9,975
6	RATIO OF PROGRAM INPATIENT DAYS TO TOTAL INPATIENT DAYS.	LN 6 * LN 3.25 + E-3, 6 L 11		.510576
6.01	TOTAL GME PAYMENT FOR NON-MANAGED CARE DAYS	211,231		211,231
6.02	PROGRAM MANAGED CARE DAYS OCCURRING ON OR AFTER JANUARY 1 OF THIS COST REPORTING PERIOD (SEE INSTRUCTIONS)			927
6.03	ENTER THE TOTAL INPATIENT DAYS FROM LINE 5 ABOVE.			9,975
6.04	ENTER THE APPROPRIATE PERCENTAGE FOR INCLUSION OF THE MANAGED CARE DAYS (SEE INSTRUCTIONS)			100.00
6.05	GRADUATE MEDICAL EDUCATION PAYMENT FOR MANAGED CARE DAYS ON OR AFTER JAN 1 THROUGH THE END OF THE COST REPORTING PERIOD.			33,014
6.06	PROGRAM MANAGED CARE DAYS OCCURRING BEFORE JAN 1 OF THIS COST REPORING YEAR (SEE INSTRUCTIONS)			
6.07	ENTER THE APPROPRIATE PERCENTAGE USING THE CRITERIA IDENTIFIED ON LINE 6.04 ABOVE. (SEE INSTRUCTIONS)	PRIOR TO 422 E-3,6 LN 12		100.00
6.08	GRADUATE MEDICAL EDUCATION PAYMENT FOR MANAGED CARE DAYS PRIOR TO JANUARY 1 OF THIS COST REPORTING PERIOD			
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY				
7	RENAL DIALYSIS DIRECT MEDICAL EDUCATION COSTS			
8	RENAL DIALYSIS AND HOME DIALYSIS TOTAL CHARGES			
9	RATIO OF DIRECT MEDICAL EDUCATION COSTS TO TOTAL CHARGES			

Health Financial Systems MCRIF32 FOR SAINT JOSEPH COMMUNITY HOSPITAL-MISH IN LIEU OF FORM CMS-2552-96-E-3 (05/2008)
DIRECT GRADUATE MEDICAL EDUCATION (GME) I PROVIDER NO: I PERIOD: I PREPARED 11/24/2008
& ESRD OUTPATIENT DIRECT MEDICAL I 15-0029 I FROM 7/ 1/2007 I WORKSHEET E-3
EDUCATION COSTS I I TO 6/30/2008 I PART IV

TITLE XVIII
10 MEDICARE OUTPATIENT ESRD CHARGES
11 MEDICARE OUTPATIENT ESRD DIRECT MEDICAL EDUCATION COSTS
APPORTIONMENT BASED ON MEDICARE REASONABLE COST TITLE XVIII ONLY
PART A REASONABLE COST
12 REASONABLE COST (SEE INSTRUCTIONS) 8,816,822
13 ORGAN ACQUISITION COSTS
14 COST OF TEACHING PHYSICIANS
15 PRIMARY PAYER PAYMENTS 38,206
16 TOTAL PART A REASONABLE COST 8,778,616
PART B REASONABLE COST
17 REASONABLE COST 3,961,177
18 PRIMARY PAYER PAYMENTS 4,084
19 TOTAL PART B REASONABLE COST 3,957,093
20 TOTAL REASONABLE COST 12,735,709
21 RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST .689292
22 RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST .310708
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B
23 TOTAL PROGRAM GME PAYMENT
23.01 FOR COST REPORTING PERIODS BEGINNING ON OR AFTER 10/1/97 244,245
(SUM OF LINES 6.01, 6.05, & 6.08)
24 PART A MEDICARE GME PAYMENT--TITLE XVIII ONLY 168,356
25 PART B MEDICARE GME PAYMENT--TITLE XVIII ONLY 75,889

TITLE XVIII

CALCULATION OF REDUCED DIRECT GME CAP UNDER SECTION 422 OF MMA

	COLUMN 1	COLUMN 1.01
1 RATIO OF DAYS OCCURRING ON OR AFTER 7/1/2005 TO TOTAL DAYS IN THE COST REPORTING PERIOD.	1.000000	
2 REDUCED DIRECT GME FTE CAP (SEE INSTRUCTIONS)		9.64
3 UNADJUSTED DIRECT GME FTE CAP (WKST E-3, PART IV, SUM OF LINES 3.01 AND 3.02)	13.43	
4 PRORATED REDUCED DIRECT GME FTE CAP (SEE INSTRUCTIONS)		9.64
CALCULATION OF ADDITIONAL DIRECT GME PAYMENT ATTRIBUTABLE TO SECTION 422 OF MMA		
5 ADDITIONAL UNWEIGHTED ALLOPATHIC AND OSTEOPATHIC DIRECT GME FTE RESIDENT CAP SLOTS RECEIVED UNDER 42 SEC. 413.79(c)(4)		
5.01 PRORATED ADDITIONAL UNWEIGHTED DIRECT GME FTE RESIDENT CAP SLOTS (COST REPORTING PERIODS OVERLAPPING 7/1/2005 ONLY)		
6 GME FTE WEIGHTED RESIDENT COUNT OVER CAP (SEE INSTRUCTIONS)		
7 ALLOWABLE DIRECT GME FTE RESIDENT COUNT (SEE INSTRUCTIONS)		
8 ENTER THE LOCALITY ADJUSTMENT NATIONAL AVERAGE PER RESIDENT AMOUNT (SEE INSTRUCTIONS)		
9 MULTIPLY LINE 7 TIMES LINE 8		
10 MEDICARE PROGRAM PATIENT LOAD FROM WKST E-3, PART IV, LINE 6.		
11 DIRECT GME PAYMENT FOR NON-MANAGED CARE DAYS (MULTIPLY LN 9 * LN 10)		
12 DIRECT GME PAYMENT FOR MANAGED CARE DAYS (MULTIPLY LINE 9 BY WKST E-3, PART IV [(LINE 6.02+6.06)/LINE 5])		
CALCULATION OF REDUCED IME CAP UNDER SECTION 422 OF MMA		
13 REDUCED IME FTE CAP (SEE INSTRUCTIONS)	6.45	
14 UNADJUSTED IME FTE CAP (WKST E, PART A, SUM OF LINES 3.04 AND 3.05)	7.68	
15 PRORATED REDUCED ALLOWABLE IME FTE CAP	6.45	
CALCULATION OF ADDITIONAL IME PAYMENTS ATTRIBUTABLE TO SECTION 422 OF MMA		
16 NUMBER OF ADDITIONAL ALLOPATHIC AND OSTEOPATHIC IME FTE RESIDENT CAP SLOTS UNDER 42 SEC. 412.105(f)(1)(iv)(C).		
17 IME FTE RESIDENT COUNT OVER CAP (SEE INSTRUCTIONS)		
18 IF THE AMOUNT ON LINE 17 IS GREATER THAN -0-, THEN ENTER THE LOWER OF LINE 16 OR LINE 17 (SEE INSTRUCTIONS FOR COST REPORTING PERIODS STRADDLING 7/1/2005)		
19 RESIDENT TO BED COUNT (DIVIDE LINE 18 BY LINE 3 OF WKST E, PART A)		
20 IME ADJUSTMENT FACTOR (SEE INSTRUCTIONS)		
21 DRG OTHER THAN OUTLIER PAYMENTS FOR DISCHARGES ON OR AFTER JULY 1, 2005.		
22 SIMULATED MEDICARE MANAGED CARE PAYMENTS FOR DISCHARGES ON OR AFTER JULY 1, 2005		
23 ADDITIONAL IME PAYMENTS ATTRIBUTABLE TO SECTION 422 OF MMA		

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
ASSETS	1	2	3	4
CURRENT ASSETS				
1 CASH ON HAND AND IN BANKS	5,827			
2 TEMPORARY INVESTMENTS				
3 NOTES RECEIVABLE				
4 ACCOUNTS RECEIVABLE	11,064			
5 OTHER RECEIVABLES	-391			
6 LESS: ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-2,474			
7 INVENTORY	1,084			
8 PREPAID EXPENSES	362			
9 OTHER CURRENT ASSETS				
10 DUE FROM OTHER FUNDS				
11 TOTAL CURRENT ASSETS	15,472			
FIXED ASSETS				
12 LAND				
12.01 LAND IMPROVEMENTS				
13 LESS ACCUMULATED DEPRECIATION				
14 BUILDINGS	15,557			
14.01 LESS ACCUMULATED DEPRECIATION				
15 LEASEHOLD IMPROVEMENTS				
15.01 LESS ACCUMULATED DEPRECIATION				
16 FIXED EQUIPMENT				
16.01 LESS ACCUMULATED DEPRECIATION				
17 AUTOMOBILES AND TRUCKS				
17.01 LESS ACCUMULATED DEPRECIATION				
18 MAJOR MOVABLE EQUIPMENT				
18.01 LESS ACCUMULATED DEPRECIATION				
19 MINOR EQUIPMENT DEPRECIABLE				
19.01 LESS ACCUMULATED DEPRECIATION				
20 MINOR EQUIPMENT-NONDEPRECIABLE				
21 TOTAL FIXED ASSETS	15,557			
OTHER ASSETS				
22 INVESTMENTS	3,674			
23 DEPOSITS ON LEASES				
24 DUE FROM OWNERS/OFFICERS				
25 OTHER ASSETS	98			
26 TOTAL OTHER ASSETS	3,772			
27 TOTAL ASSETS	34,801			

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
LIABILITIES AND FUND BALANCE	1	2	3	4
CURRENT LIABILITIES				
28 ACCOUNTS PAYABLE	1,897			
29 SALARIES, WAGES & FEES PAYABLE	1,453			
30 PAYROLL TAXES PAYABLE				
31 NOTES AND LOANS PAYABLE (SHORT TERM)	584			
32 DEFERRED INCOME				
33 ACCELERATED PAYMENTS				
34 DUE TO OTHER FUNDS				
35 OTHER CURRENT LIABILITIES	-246			
36 TOTAL CURRENT LIABILITIES	3,688			
LONG TERM LIABILITIES				
37 MORTGAGE PAYABLE				
38 NOTES PAYABLE	25,516			
39 UNSECURED LOANS				
40.01 LOANS PRIOR TO 7/1/66				
40.02 ON OR AFTER 7/1/66				
41 OTHER LONG TERM LIABILITIES	3,747			
42 TOTAL LONG-TERM LIABILITIES	29,263			
43 TOTAL LIABILITIES	32,951			
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	1,850			
45 SPECIFIC PURPOSE FUND				
46 DONOR CREATED- ENDOWMENT FUND BALANCE- RESTRICTED				
47 DONOR CREATED- ENDOWMENT FUND BALANCE- UNRESTRICT				
48 GOVERNING BODY CREATED- ENDOWMENT FUND BALANCE				
49 PLANT FUND BALANCE-INVESTED IN PLANT				
50 PLANT FUND BALANCE- RESERVE FOR PLANT IMPROVEMENT, REPLACEMENT AND EXPANSION				
51 TOTAL FUND BALANCES	1,850			
52 TOTAL LIABILITIES AND FUND BALANCES	34,801			

	GENERAL FUND		SPECIFIC PURPOSE FUND	
	1	2	3	4
1 FUND BALANCE AT BEGINNING		102,762		
2 OF PERIOD				
3 NET INCOME (LOSS)		-2,285,129		
4 TOTAL		-2,182,367		
5 ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
6 ADDITIONS (CREDIT ADJUSTM				
7				
8				
9				
10 TOTAL ADDITIONS				
11 SUBTOTAL		-2,182,367		
12 DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13 DEDUCTIONS (DEBIT ADJUSTM				
14				
15				
16				
17				
18 TOTAL DEDUCTIONS				
19 FUND BALANCE AT END OF		-2,182,367		
PERIOD PER BALANCE SHEET				

	ENDOWMENT FUND		PLANT FUND	
	5	6	7	8
1 FUND BALANCE AT BEGINNING				
2 OF PERIOD				
3 NET INCOME (LOSS)				
4 TOTAL				
5 ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
6 ADDITIONS (CREDIT ADJUSTM				
7				
8				
9				
10 TOTAL ADDITIONS				
11 SUBTOTAL				
12 DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13 DEDUCTIONS (DEBIT ADJUSTM				
14				
15				
16				
17				
18 TOTAL DEDUCTIONS				
19 FUND BALANCE AT END OF				
PERIOD PER BALANCE SHEET				

	DESCRIPTION		
1	TOTAL PATIENT REVENUES	136,543,189	
2	LESS: ALLOWANCES AND DISCOUNTS ON PATIENT'S ACCTS	71,641,000	
3	NET PATIENT REVENUES	64,902,189	
4	LESS: TOTAL OPERATING EXPENSES	67,314,318	
5	NET INCOME FROM SERVICE TO PATIENTS	-2,412,129	
	OTHER INCOME		
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.		
7	INCOME FROM INVESTMENTS	-444,000	
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE		
9	REVENUE FROM TELEVISION AND RADIO SERVICE		
10	PURCHASE DISCOUNTS		
11	REBATES AND REFUNDS OF EXPENSES	571,000	
12	PARKING LOT RECEIPTS		
13	REVENUE FROM LAUNDRY AND LINEN SERVICE		
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS		
15	REVENUE FROM RENTAL OF LIVING QUARTERS		
16	REVENUE FROM SALE OF MEDICAL & SURGICAL SUPPLIES TO OTHER THAN PATIENTS		
17	REVENUE FROM SALE OF DRUGS TO OTHR THAN PATIENTS		
18	REVENUE FROM SALE OF MEDICAL RECORDS & ABSTRACTS		
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC)		
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOP & CANTEEN		
21	RENTAL OF VENDING MACHINES		
22	RENTAL OF HOSPITAL SPACE		
23	GOVERNMENTAL APPROPRIATIONS		
24	OTHER (SPECIFY)		
25	TOTAL OTHER INCOME	127,000	
26	TOTAL	-2,285,129	
	OTHER EXPENSES		
27	OTHER EXPENSES (SPECIFY)		
28			
29			
30	TOTAL OTHER EXPENSES		
31	NET INCOME (OR LOSS) FOR THE PERIOD	-2,285,129	

Health Financial Systems	MCRIF32	FOR SAINT JOSEPH COMMUNITY HOSPITAL-MISH	IN LIEU OF FORM CMS-2552-96 (2/2006)
CALCULATION OF CAPITAL PAYMENT		I PROVIDER NO: I 15-0029	I PERIOD: I FROM 7/ 1/2007 I PREPARED 11/24/2008
		I COMPONENT NO: I TO 6/30/2008	I WORKSHEET L PARTS I-IV
TITLE XVIII, PART A	HOSPITAL	15-0029	I
			FULLY PROSPECTIVE METHOD

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PART I - FULLY PROSPECTIVE METHOD
1  CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS
   CAPITAL FEDERAL AMOUNT
2  CAPITAL DRG OTHER THAN OUTLIER
3  CAPITAL DRG OUTLIER PAYMENTS PRIOR TO 10/01/1997
3 .01 CAPITAL DRG OUTLIER PAYMENTS AFTER 10/01/1997
   INDIRECT MEDICAL EDUCATION ADJUSTMENT
4  TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS
   IN THE COST REPORTING PERIOD
4 .01 NUMBER OF INTERNS AND RESIDENTS
   (SEE INSTRUCTIONS)
4 .02 INDIRECT MEDICAL EDUCATION PERCENTAGE
4 .03 INDIRECT MEDICAL EDUCATION ADJUSTMENT
   (SEE INSTRUCTIONS)
5  PERCENTAGE OF SSI RECEIPTIENT PATIENT DAYS TO
   MEDICARE PART A PATIENT DAYS
5 .01 PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL
   DAYS REPORTED ON S-3, PART I
5 .02 SUM OF 5 AND 5.01
5 .03 ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE
5 .04 DISPROPORTIONATE SHARE ADJUSTMENT
6  TOTAL PROSPECTIVE CAPITAL PAYMENTS
PART II - HOLD HARMLESS METHOD
1  NEW CAPITAL
2  OLD CAPITAL
3  TOTAL CAPITAL
4  RATIO OF NEW CAPITAL TO OLD CAPITAL
5  TOTAL CAPITAL PAYMENTS UNDER 100% FEDERAL RATE
6  REDUCTION FACTOR FOR HOLD HARMLESS PAYMENT
7  REDUCED OLD CAPITAL AMOUNT
8  HOLD HARMLESS PAYMENT FOR NEW CAPITAL
9  SUBTOTAL
10 PAYMENT UNDER HOLD HARMLESS
PART III - PAYMENT UNDER REASONABLE COST
1  PROGRAM INPATIENT ROUTINE CAPITAL COST
2  PROGRAM INPATIENT ANCILLARY CAPITAL COST
3  TOTAL INPATIENT PROGRAM CAPITAL COST
4  CAPITAL COST PAYMENT FACTOR
5  TOTAL INPATIENT PROGRAM CAPITAL COST
PART IV - COMPUTATION OF EXCEPTION PAYMENTS
1  PROGRAM INPATIENT CAPITAL COSTS
2  PROGRAM INPATIENT CAPITAL COSTS FOR EXTRAORDINARY
   CIRCUMSTANCES
3  NET PROGRAM INPATIENT CAPITAL COSTS
4  APPLICABLE EXCEPTION PERCENTAGE
5  CAPITAL COST FOR COMPARISON TO PAYMENTS
6  PERCENTAGE ADJUSTMENT FOR EXTRAORDINARY
   CIRCUMSTANCES
7  ADJUSTMENT TO CAPITAL MINIMUM PAYMENT LEVEL
   FOR EXTRAORDINARY CIRCUMSTANCES
8  CAPITAL MINIMUM PAYMENT LEVEL
9  CURRENT YEAR CAPITAL PAYMENTS
10 CURRENT YEAR COMPARISON OF CAPITAL MINIMUM PAYMENT
   LEVEL TO CAPITAL PAYMENTS
11 CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT
   LEVEL OVER CAPITAL PAYMENT
12 NET COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL
   TO CAPITAL PAYMENTS
13 CURRENT YEAR EXCEPTION PAYMENT
14 CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT
   LEVEL OVER CAPITAL PAYMENT FOR FOLLOWING PERIOD
15 CUR YEAR ALLOWABLE OPERATING AND CAPITAL PAYMENT
16 CURRENT YEAR OPERATING AND CAPITAL COSTS
17 CURRENT YEAR EXCEPTION OFFSET AMOUNT
   (SEE INSTRUCTIONS)

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***FINGERPRINT Line 1 xYEulhpmIJCiUrYjNXptCRM2TuggU0
***FINGERPRINT Line 2 .Zznw0p.OPsM.:bXrZvxWRIZKvxJ.2
***FINGERPRINT Line 3 8mt26fOKQD0m8tRC

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